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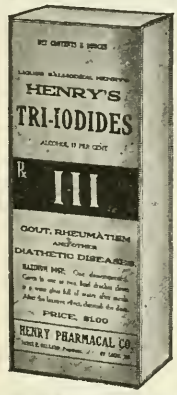

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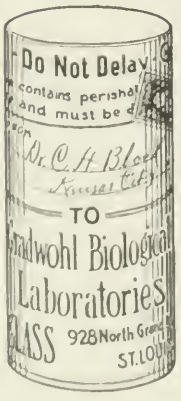

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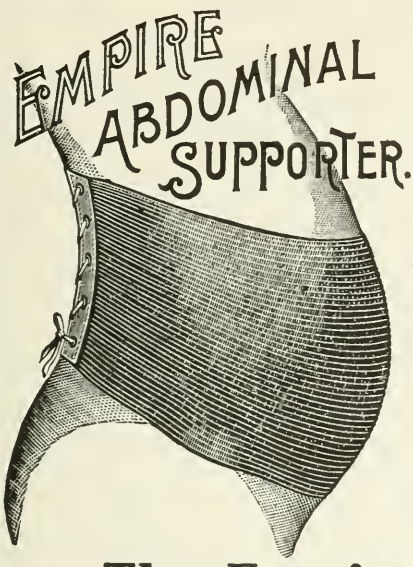

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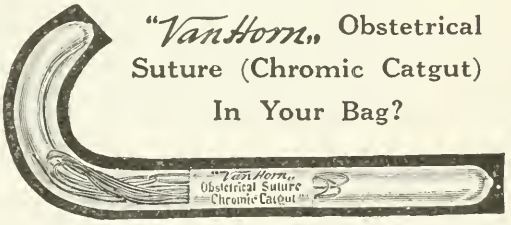

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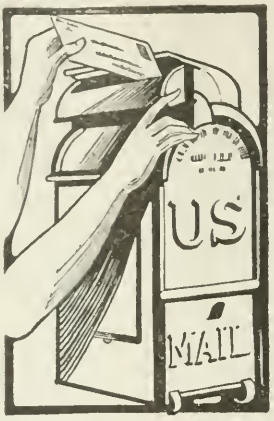

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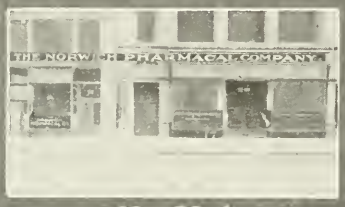

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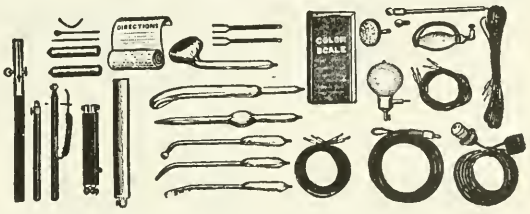

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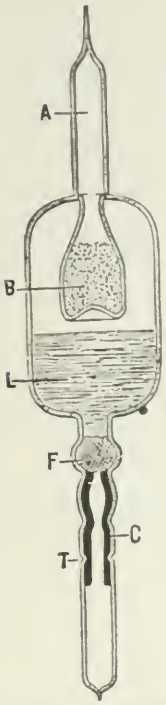

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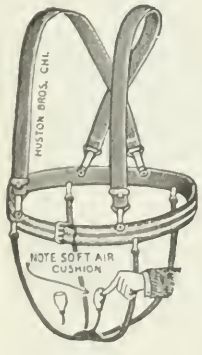

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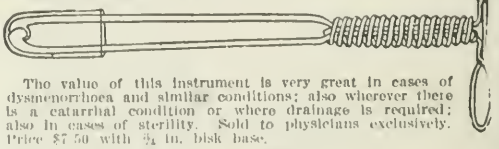

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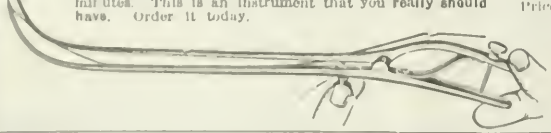

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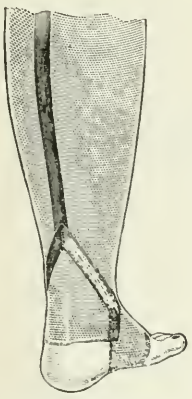

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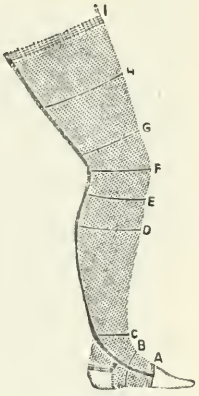

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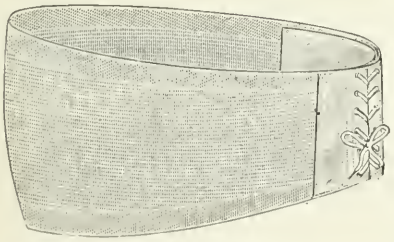

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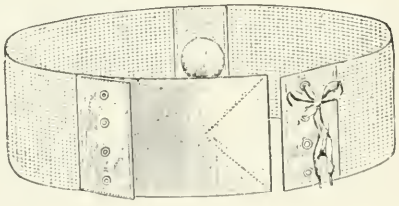

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The American Journal of
CLINICAL MEDICINE
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Vol. 27, No. 4 April, 1920

The Efficient Hospital

IN the past, hospital treatment has been considered a luxury and was resorted to only when every other means of care failed—excepting in those patients that were willing to be designated as charity cases and who enjoyed the advantages of hospital care at the expense of the municipality. Under the old and still existing conditions, the ward system of hospital care continues to be in the foreground, even though, in many hospitals, private rooms for the use of patients who prefer to pay their way are being provided more and more. It is interesting to note that resort to hospital care on the part of "private patients" is increasingly frequent, many patients going or being referred to the hospital for a period of observation upon which a correct diagnosis may be based while others, mainly operative cases, of course, extend their stay in the hospital for longer periods. Anyway, private rooms in hospitals have come to be so much more generally demanded that there does not seem to be a sufficient number of them to go around.

We wish to call attention to an extremely interesting article by Dr. Asa S. Bacon, the superintendent of the Presbyterian Hospital in Chicago (*Jour. A. M. A.,* Jan. 10, p. 123), in which he expresses the self-evident idea that "to provide efficient hospitals to serve the people in moderate circumstances at charges within their means, giving them all the conveniences of the most exclusive institution and rendering the much needed educational work to the community, is the ideal to be attained; but, to accomplish this ideal requires new methods and much thought."

Enumerating the many disadvantages of the ward system, Doctor Bacon comes to the conclusion that the private room for each patient, with its complete utility equipment, not only provides comfort but absolutely solves the problem involved. The advantages of the private room are numerous. Doctor Bacon makes out an

excellent case for his position, and at the same time presents several attractive plans for small hospitals that he suggests for the private-room hospital.

Instead of hospital treatment being a luxury, and being resorted to only in case of extreme need, Doctor Bacon asserts that this should be reversed, assuming that it would be if the charges for hospital services were within reach of the general public. He believes that the efficient city-, or community-hospital, with floor plans of which he illustrates his article, makes this possible. Under such a system, the study of actual disease-conditions would be facilitated immensely and the observation of "cases" as well as of successful treatment of "patients" would be improved. Doctor Bacon predicts that thousands of small hospitals are going to be erected, adding that efficiency and economy in the *medical* as well as the *material* service of the hospital should be our standard.

This, undoubtedly, is an unusually valuable suggestion, the realization of which, of course, depends upon the possibility of erecting and conducting hospitals at an outlay of money that does not cause the overhead expense to be excessive. One must never lose sight of the fact that the great majority of people requiring hospital care belong to the middle class and that their resources are limited. Nevertheless, it appears that the plan is entirely feasible and this is shown in a communication by Dr. George S. McReynolds, of Temple, Texas (*Jour. A. M. A.*, Feb. 14, p. 479).

Referring to Doctor Bacon's communication, Doctor McReynolds says that, some years ago, the staff of the King's Daughters' Hospital, Temple, Texas, realized that the patients would do better in private rooms than in the wards. As much as twelve years ago, the ward system was abandoned entirely and since then each patient, charity or otherwise, has had a private room, the nurse in attendance knowing but infrequently whether the patient is a pay or a charity patient.

Although this hospital has been conducted almost without donations, except for the physicians' contributions, and although it has no endowment, the private-room plan has worked out in a thoroughly satisfactory manner,

One good practical point that is made by Doctor McReynolds is, to have service rooms on the top floor instead of on the ground floors, the advantages being that there is virtually no odor of food throughout the building and, incidentally, there is less possibility of the help's carrying off foods, a contingency that demands consideration especially in southern regions where Negro help is employed.

It is significant that, after its long experience with private rooms, this hospital would consider wards again only with reluctance and would by far prefer to furnish the charity patients with the less expensive rooms, the ward plan being unsatisfactory both to patient and physician.

You have achieved the crown of all honors, a triumph the greatest generals may envy; for, it is a nobler thing to remove the barriers of the intellectual life than to extend the boundaries of the empire.—Caesar's tribute to Cicero.

LABORATORY DIAGNOSIS

In the last issue of CLINICAL MEDICINE, we presented a discussion by Dr. Francis M. Pottenger on the relation of laboratory technicians to practitioners. Doctor Pottenger showed that the clinician, dealing as he does with concrete instances of illness, or, with sick persons, not only must be familiar with laboratory methods and must utilize the results of laboratory investigations, but, he must study and observe the patient himself, investigating all manifestations and evidences of abnormal function and—the most important part of his work—he must find ways and means of correcting existing irregularities. In other words, he must contrive to restore the patient to normal.

In the pursuit of this work and for the accomplishment of the task, the work of the laboratory investigator is of undoubted and of undisputed value. However, in most instances, the laboratory technician is interested more particularly in diagnosis while the practitioner desires the diagnosis not for its own sake but as a means to the end; the purpose being, to base upon the diagnosis those remedial procedures through which the patient may be restored to health.

Incidentally, it is true that the laboratory technician may be, and often is, of additional assistance to the practitioner, mainly through the preparation of biologic remedies that frequently are of benefit

in the treatment, especially, of infectious disease. It remains a fact, however, that the practical, clinical work is that of the physician and that the main importance must rest with the methods of treatment that are inaugurated for the relief of existing disease.

While, then, we subordinate the laboratory technician to the practitioner, and ascribe to him an ancillary role, we are far from suggesting that his work is irrelevant or of slight importance. It is realized fully that, without a painstaking diagnosis, treatment can be but symptomatic with little chance to reach and remove the root of the evil. It is for this reason that we can not share the opinion voiced so often by general practitioners, according to which laboratory investigation is a fad at best and useless in the worst case. We thoroughly believe in the importance of the assistance that we can derive from laboratory investigations, and would encourage practitioners to avail themselves of this assistance to the fullest possible extent.

However, it would not do to go to the other extreme of having a laboratory diagnosis established and let it go at that. Laboratory diagnosis never can be complete. It always must be checked up by conditions, signs, symptoms as they are found in the patient, and it must be utilized, in association with careful clinical examination, for determining the nature of disease processes after which the indicated and necessary treatment can be outlined.

Incidentally, we may refer to the fact that some of the best clinical laboratories in the country are represented among the advertisers in this issue of CLINICAL MEDICINE. The men in charge of these laboratories are leaders in their chosen field. Their work is dependable and of great assistance to the discerning practitioner.

Our grand business is, not to see what lies dimly at a distance, but to do what clearly lies at hand. – Carlyle.

CLINICAL OBSERVATION

On writing the foregoing editorial, we were reminded of the tendency prevailing among many physicians to attribute undue stress to the results of laboratory diagnosis. There seems to be a want of balance as to judgment; and a disability to evaluate the relative importance of the various methods of observation that are employed in making a diagnosis.

Incidentally, the writing of the same editorial article and the tribute paid to the work of the laboratory technician brought to our consciousness, with a little sensation of envy, the marvelous powers of observation and of clinical acumen that our predecessors of long ago enjoyed—by virtue of their own exertion and close study. The reading of some of the descriptions of disease laid down by Hippocrates is a never-ending source of joy and cause for admiration. In the less voluminous writings of Aretaeus, for instance, (the one surnamed the Cappadocian), the power of keen appreciation and recognition of relevant points is to be acknowledged. The clinical picture of the socalled phthisical habitus, as it was first painted by Aretaeus, never has been improved upon and was copied almost verbatim throughout the centuries. Most tuberculosis students know Aretaeus' writings well and, incidentally, it made us smile to have a certain enthusiastic and bright medical historian refer to him as the "forgotten" physician.

To pass on rapidly, our admiration is aroused particularly by the clinical observation and understanding developed by some of the leaders of medical thought flourishing around the year 1800. We are thinking, for instance, of Matthew Baillie, who attempted as one of the first (without forgetting Morgagni) a description of pathological lesions as found at autopsy. Doctor Stokes proved himself to be a clear observer and an able clinician. Across the channel, Laennec, Louis, Andral, to name but a few of the many brilliant French medical men of that period, gave evidence of clinical acumen, of sharp and purposeful observation that has made their names famous for all times to come.

It was about at the commencement of the second third of the last century that the Eclectics arose and they, as well as the Homeopaths, certainly, deserve credit for the painstaking, immensely laborious and detailed work that they have accomplished in determining the action and effects of drugs upon the normal and dis-

eased human organism and for the ingenious manner in which they worked out the indications for remedial agents.

The lessons to be derived from these laborious and time-consuming investigations have by no means become valueless with the several short-cuts that the most recent times have presented us with, in the way of biological remedies. It is true that a dose of bacterin, many times, will enable us to cut short an attack of the related infectious disease. Nevertheless, to place one's entire reliance on that "shot" would be absurd.

Similarly, a mere finding of a certain microorganism in pathological secretions, either alone or greatly predominating over associated germs, may be conclusive evidence of the corresponding infectious disease being present—then, again, it may not. The simple finding of a certain germ does not mean that a particular germ disease is present.

Laboratory diagnosis is a valuable help. The actual work of truly determining the existing disease and its complications—all the handicaps under which the sick body labors, is possible only through close and careful observation. That physician is most likely to be successful who observes most exactly and most correctly.

Many men build as cathedrals were built, the part nearest the ground finished; but, that part which soars toward heaven, the turrets and the spires, forever incomplete.—Henry Ward Beecher, "Life Thoughts."

THE COMMITTEE FOR THE RELIEF OF THE VIENNA MEDICAL PROFESSION

On March 15, there met at the Morrison Hotel, in Chicago, a physicians' committee for the purpose of inaugurating a relief movement for the medical profession of Vienna. There were present forty-five physicians, among the speakers being Dr. William A. Evans, Dr. Wm. L. Baum, Dr. Carl Beck, Dr. Albert J. Ochsner. Letters that had been received from the leading professors of the University of Vienna were read, describing the appalling conditions prevailing especially in the families of professional men, with widows and orphans of once famous men and leaders in medicines. The speakers made urgent appeals for assistance, and everyone present pledged his or her efforts, with the result that, within a few minutes, over one thousand dollars were subscribed. Committees were then organized for the purpose of circularizing the medical profession, as well as lay groups, and it is hoped that a substantial sum will be realized in the near future.

"Vae Victis!" (Woe to the Conquered) contains within itself not only a condemnation but a deep truth that has been manifested for centuries. However, the religious and moral convictions of our present-day civilization, no less than the Anglo-Saxon dislike to kick a fellow when he is down and, indeed, even the consideration of self-interest, that realizes how extreme injury to our neighbors will harm ourselves, ultimately must make us forget that the physicians of Vienna, as well as their wives and children and even their widows and orphans, but recently were our enemies. The only thing that counts at present is, that these people are living under deplorable conditions, that they are in indescribable want and suffering terrible deprivation.

Turn to page 70 in CLINICAL MEDICINE for February, and read once more the description of conditions in starving Austria. Surely, Vienna, the home of the Wiener Allgemeines Krankenhaus, has deserved our sympathy and forebearance, despite recent happenings and because of the inestimable good that has orginated in hospitals, medical schools, and laboratories of that city ever since Van Swieten, the pupil of Boorhaeve, became professor of clinical medicine there. It would be futile to enter into great detail and to enumerate all the great men who have taught in Vienna and benefited innumerable suffering patients. It all could but emphasize the fact that, at the present time, physicians in Vienna are prostrate, poorer than the poorest, without the means to support themselves, leave alone looking after their patients.

We trust sincerely that the readers of CLINICAL MEDICINE will feel the great need of our colleagues in that unhappy Austrian capital and will spare such sums, small or large, as they may be able to. The editors of CLINICAL MEDICINE will be glad to receive subscriptions, in cash or in promise, for the purpose of transmitting

them to the Vienna physicians' relief committee. Give soon, even if it is but one dollar; but, give!

WHEN YOU ASK FOR INFORMATION

One of our contributors has the following to say, in a letter on some other business.

"Frequently, when I have written articles, I have received a large number of inquiries from doctors all over the United States asking me all the way from one to fifteen questions and expecting me to answer all of them, most of which they could answer themselves if they would think a little bit. And, they never even went to the expense of enclosing a two-cent stamp for postage. It means to me not so much the loss of the two cents as it means the so unnecessary loss of time."

The doctor's charge is only too true on all counts. First of all, there are many physicians who write and ask questions that they could answer themselves if they were to take a little thought. Nobody objects to replying to legitimate questions, everybody likes to be of assistance where it is really needed. It is the uselessness, the idleness and futility of some questions that are asked, that is so aggravating. Of course, if the inquirer has drawn upon his own brain-box and has honestly attempted to solve the problem himself, and when he has failed, then it is proper to seek for information, and then, especially if some evidence is given that the inquirer has tried, himself, information will be cheerfully given.

However, when writing to contributors to CLINICAL MEDICINE, with regard to their contributions, it is only fair at least to enclose a two-cent stamp for postage. Your advisor, or consultant, still will be at the expense of time and energy. Not that he objects to it; on the contrary. But, naturally, he would like to see some evidence of your good will and appreciation. Let's remember that when writing to other physicians for information.

The present is full of the past, and big with the future.—Leibnitz.

THE TUBERCULOUS PATIENT IN SEARCH FOR HEALTH

For many centuries, consumptives have been somewhat of an itinerant crowd, traveling in search of health all over the world, or, at least, as far as their means permitted. For decades, it has been customary to send consumptives to regions where the climate was believed to be especially favorable for their needs, and many a poor chap was told to go west, or go south, without any reference to his resources, without inquiring whether he would be in a position, financially, to maintain himself in reasonable comfort. In fact, often, the physician calmly ignored this important factor and, thus, exposed the patients, who had requested his counsel, to all the hardships and miseries of a sick man in a strange land, stranded without means, sick in body and sick in mind (on account of that awful home-sickness), perishing miserably, away from home.

In recent years, this pernicious and inhuman custom has been preached against and opposed vigorously, especially by physicians in localities that were searched out particularly by consumptive patients "chasing the cure". The matter deserves careful attention and should not be neglected. No physician should encourage a tuberculous patient to leave home in search for health without making certain that this patient has sufficient means on hand to live in reasonable comfort for at least one year.

We gladly accede to the request of the Denver Antituberculosis Society by publishing a communication on that subject that appears in another department of this issue (p. 269).

For, scholars, too, are martyrs if they live in the light and labor with courage.—From the French.

WRITING FOR PUBLICATION

The original articles published in CLINICAL MEDICINE for March are distinguished (with the exception of the first) by the fact that they are brief and concise. Two of the articles cover one page, even less; several others occupy about two or three pages.

Now, this is what we have been trying to get for long. We realize that our readers do not often feel able to sit down with a long, theoretical discussion that puts an undue strain upon their mental resources which are all but exhausted by the day's work. What is wanted is something short and snappy with a punch in it and with

a bit of "meat" that can be taken out immediately, kept in mind and utilized in one's every-day work.

Turn to page 180. Doctor Thewlis, who is an accomplished writer and could, if he wanted to, with perfect ease spread himself over several pages, makes his point on less than half a page. At the same time, that particular point seemed to us of such great importance that we were not willing to publish his communication anywhere but among the original, leading, articles.

Similarly, the report on an appendectomy done under hyoscine-morphine-cactoid and procaine anesthesia, which occupies one page of text. It describes the procedure concisely and then it stops. And there you are.

"Let's have that sort of articles," say you. "That is all very fine," we reply. The idea is, simply, if you want them, go ahead and write them.

Now, it seems to us that this kind of articles should be more frequent. We know quite well, no one better than we do, that, very often, you may not have the time to write a short article when it would be easy to write a long one. This is not paradoxical, by any means. Surely, it is easier to spread yourself all over half a book than to condense; still, if the subject matter is thought out and considered carefully, the thing can be done. So, we say, let's have short, meaty, practical articles and many of them.

The only remedy for superstition is, knowledge; nothing else can wipe out that plague spot of the human mind.—Buckle.

GOVERNMENT CARE OF ILL EX-SERVICE MEN

We have been requested to give publicity to the following:

"Relief to Disabled Men Through the the United States Public Health Service" is one of a series of pamphlets published by the Office of the Assistant to the Secretary of War, which will be of great interest to medical men generally throughout the country. It gives the Government's position with reference to treatment for former soldiers and sailors who are in need of medical attention because of war injuries or disease contracted in the service.

Under Public Act 326, the United States Public Health Service will furnish relief to any honorably discharged soldier, sailor, or marine, or Army or Navy nurse (male or female) who was discharged on or after October 6th, 1917, and becomes disabled or ill on account of illness or injury incurred previous to discharge from service, and not due to misconduct.

By applying to the Commanding Officer of an Army hospital, those who come under the act may enter the institution; or, by applying to a Public Health Service official, they may enter a Public Health Service hospital. In both cases, accepted applicants will have all proper expenses paid, but, unless authority is obtained from one of these officials, the Government will not pay for medical treatment. Public Health Service hospitals are located in a number of cities throughout the country.

In a bulletin, Lieutenant Colonel Mathew C. Smith, General Staff, in charge of the employment and the general welfare of ex-service men, says:

"Although the welfare bodies and others have been cooperating with the War Department in an effort properly to inform all those persons who are entitled to medical or surgical treatment, many are still unaware of their rights. These men incurred their disabilities while in the service of our country, and it is the intention of the Government that they shall not become wards of the public. The cooperation of all medical men is requested in this matter. Physicians and surgeons are notified that former soldiers or sailors suffering from disabilities resulting from war conditions may be directed to the local Red Cross or United States Public Health Service representative, or to the nearest Army hospital."

If discharge or other papers, showing that the disability was existing at the time of separation from service, are available, they should be taken along, as they will be of help in a decision on the case. However, if these papers are not available, the man should not hesitate to apply. Such an applicant, if his condition demands it, will be immediately placed under treatment pending the receipt of the necessary papers.

If there is no representative of the Health Service in the ex-service man's home town and no Army hospital at hand, and it is possible for him to travel, his traveling expenses, hospital expenses and wages lost while undergoing examination

will be paid by the Government, should it be decided that treatment is necessary.

On the other hand, if the physical condition of the man makes it impossible for him to travel, the Public Health Service will arrange for his examination and treatment at his home. In special cases, where it is found that a change of climate will be beneficial, patients will be sent by the Public Health Service to specially designated hospitals.

Copies of the pamphlets explaining the law may be secured without charge by any physician on application to the Office of the Assistant to the Secretary of War, Service and Information Branch, Council of National Defense Building, Washington, D. C. It has already been distributed to all Army and Navy hospitals, state and city health officers, and United States Public Health Service stations.

The race of man has many Saviors, and must have many more.—John Burroughs.

AMERICAN MEDICAL EDITORS' ASSOCIATION

The Fifty-first annual meeting of the American Medical Editors' Association will be held at the Grunewald Hotel, New Orleans, La., on Monday and Tuesday, April 26th and 27th (during the week of the A. M. A. Convention) under the presidency of Dr. Seale Harris, editor of the *Southern Medical Journal.*

A most interesting program has been arranged and every doctor, even remotely interested in medical journalism, will find it to his advantage to attend.

It is advisable for you to make early reservation of rooms to assure you of accommodations.

TUBERCULOSIS INFECTION BY INHALATION

Older physicians will remember the startling discoveries made, by many laboratory investigators, during the eighties and nineties of the last century and demonstrating the occurrence of tuberculosis infection through inhalation. The results of numerous experiments, in which many thousands of guinea pigs and other animals were sacrificed, showed conclusively that tuberculosis of the lungs is essentially an inhalation disease, that is to say, the bacteria enter the body in the medium of contaminated air, especially in ill-kept, dark and dusty sick-rooms, work shops, halls, and so forth.

In course of time, especially when the great importance of a constitutional predisposition (or, lowered resistance) was realized more fully, the exact role played by inhalation infection was disputed by many. At any rate, it was held to be less general than had been claimed. It is interesting to note that recent experiments have confirmed the opinion held by most tuberculosis investigators in regard to the origin of the tuberculosis infection.

In the February issue of *The American Review of Tuberculosis*, Rogers, of the Cincinnati Tuberculosis Sanatorium, reports on certain experiments on the production of pulmonary tuberculosis in guinea pigs by the inhalation of tuberculous material. In all the experiments, the guinea pigs were wrapped so that only their nostrils were exposed to the spraying. All animals being given a single spraying of five minutes with a suspension of tuberculous sputum developed pulmonary tuberculosis. Particles of tuberculous sputum, containing tubercle bacilli, after being placed on the normal nasal mucous membrane brought about tuberculous changes in the cervical lymphatic glands, with involvement of the lungs, liver and spleen later.

These results are quite conclusive and, while it would be futile to attempt extreme practical application in the line of the practices of recent years (in accordance with which bacillus carriers frequently were shunned and all but excluded from contact with their fellowmen), it is well to remember that the air we breathe is contaminated in unclean rooms and other enclosed spaces. The fact should always be kept in mind that cleanliness, especially removal of dust, affords the best protection against harmful infection. This may be taken to heart not only by housekeepers but also by janitors having the care of public buildings, of stores, factories and schools, as well as theatres, and so forth. Finally, it should be impressed upon city authorities that they are blamable in part for the morbidity of their cities if they do not provide for the suitable cleaning of streets and alleys.

CHANGING LOCATION

In Clinical Medicine for February, page 81, we discussed the problems of the

physician who desires, for some reason or other, to find another field of practice. Sometimes, a country doctor desires to go to the city. He may be getting to a time of life where the hard work of the country doctor becomes intolerable, or his wife may consider herself entitled to the advantages of the city, after having stood by him for years out in the country as only a doctor's wife can, and does. He may decide to make a change in order to give his children the best possible facilities for their education.

On the other hand, as was pointed out in that February editorial, there are city physicians who are hankering after the simpler life out in the country, and who would be glad to exchange with a country practitioner if suitable arrangements could be made.

Now, when writing that editorial, we had hoped that we could confidently count on the cooperation of physicians throughout the country. It is self-evident that we can know of good openings only if we receive news regarding them from men cognizant of them. Therefore, if you have knowledge of a place where a physician is needed; of a busy practitioner who is looking for an assistant or a partner; of a place where the incumbent contemplates moving away—in short, if you know of any good opportunity for a physician, won't you let us know promptly, so that we can index and classify the openings and requests for them? So far, we have only received requests. Now, it's up to you.

It is the hatred of narrow minds for liberal ideas that fetters the march of progress.—Victor Hugo.

"REASONABLE" FEES

It frequently happens, when we refer a patient to a specialist, say, an ophthalmologist, or a nose and throat man, or a dentist, that the question is put to us: "Is he *reasonable?*" The meaning, of course, is, is this man accustomed to charge moderate, or low, fees?

The same misuse of the word "reasonable" is met with in everyday life, it being constantly the case that things are called "reasonable" in price when they cost moderate sums of money. Let's investigate.

In Clinical Medicine for March, Dr. Eddy S. Haswell estimated that the cost of a medical education is a little over $16,000. That is to say, the average physician, on hanging out his shingle and getting ready to serve suffering humanity, has expended the sum of $16,000, without having earned any money for a number of years.

Doctor Haswell estimates also that the minimal yearly cost for absolute necessities, to maintain a physician and his family of three or four, amounts to $3,047 per year.

Now, in order to gain the good will of the neighborhood in which a physician has settled down, he may be willing to charge moderate fees. However, to call those fees "reasonable," would be a slam on everything commonsense. A physician who charges low fees that are out of proportion to the value of his time, his advice, his assistance to the patient, and so forth, not only deprives himself of his just deserts, he robs his wife and children of a sum that should be added to their income to buy necessities for them. At the same time, he injures the medical profession by cheapening the services of physicians as a class, and, finally, he injures himself most of all by gradually deteriorating his working ability in such a manner that his services will, in time, just about be worth the dollar or so at which he evaluates them. Bargain hunting, in the matter of medical services, is exceedingly prone to turn out a costly business, in the end. Moreover, cheap services are rarely appreciated.

Many a good man was lost by the inability, the lack of courage to charge an adequate fee for his services. The thing is not only foolish, it is unfair and wrong to the physician himself, to his family, to his profession and, principally and foremost, to the patient, because the latter does not even get value for his money. The cheap physician's services are expensive at any price. For heaven's sake, let's get away from "reasonable" fees!

Of course, where a patient, or a whole sick family, is destitute, any physician worthy of his calling will be happy to extend aid without any expectation of remuneration. At the present day, though, such people are better taken care of by dispensaries, by city- or county-physicians or by other agencies that have assumed the burden. In ordinary conditions, the phy-

sician should put a proper and self-respecting value on his services.

FEDERAL AID TO SOLDIERS

The office of the Surgeon General of the U. S. Public Health Service has informed us that, according to certain reports, men who are entitled to free treatment by the government are spending their own money and, in many instances, are not getting the attention they should have. Many of the men discharged from the U. S. Army or Navy, or from other services, do not seem to be familiar with their rights under the legislation passed since the War Risk Act, especially that providing for medical, surgical, hospital and sanatorium care by the U. S. Public Health Service.

This service is anxious to reach these men, and has requested the cooperation of physicians. Accordingly, we are glad to publish the article appearing on page 224 of this issue asking that physicians should communicate its contents to ex-soldiers of whom they may have knowledge.

Ignorance is less distant from truth than prejudice.—Diderot.

ELLINGWOOD ROAD

The many friends of Dr. Finley Ellingwood, the editor and publisher of *Ellingwood's Therapeutist,* will be pleased to learn that the city fathers of Evanston, where the Doctor lives, are seriously considering changing the name of Central Street, Evanston, to Ellingwood Road. A petition to that effect was submitted to the Council by seventy-five residents and business men living on this street, who expressed the desire "to honor Dr. Finley Ellingwood, the only resident who has lived on this street continuously for twenty-eight years."

Hereafter we hope to be able to visit our friend Ellingwood on Ellingwood Road. If the street turns out to be half as good as the man, we may move to Evanston ourselves.

IT OCCURS TO US THAT—

Public interest seems to be divided about equally betwen matters spiritu*al* and spirituo*us*.

—

Some of us would be quite willing to pay an efficient "medium" a round fee for materializing certain deported spirits.

—

"Active elimination" at Washington undoubtedly would produce a marked change for the better in the condition of the body politic.

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The one - hundred - and - thirty - year - old Kentuckian, who claims as "his'n" a thirty-year-old wife and a six-year-old son, probably will deny any transplantation of "interstitial glands." Still, the suspicion remains that he was aided in *some* way.

—

Some medical students either possess a keen sense of humor or none of any variety. One of 'em, asked to locate and define the "*pons,*" wrote: "The *pons asinorum* lies between the occiput and temporal region. It is the seat of the vegetative nerve centers—reproduction, locomotion and smell."

The profound anatomical knowledge of another fellow led him to state, in answer to the question,"What is the *cauda equina?*" "The *cauda* is the connecting link between mother and child. At birth, it is cut and tied in two places; the end thereafter hangs down, resembling a horse's tail, hence the name."

—

This is indeed a "changing world." We used to hear quite often from "the man on the firing line," who had delivered several hundred babies without ever using forceps or having a laceration. Not infrequently, this gentleman would insist that washing the obstetric hand was sheer estheticism. Today, he is silent and we hear a great deal about the fellow who, with the mere aid of an assistant, a trained nurse and sixty-five pounds' weight of accessories (conveyed in a flivver) "accouches" women in their own homes. Yes, indeed! This gentleman dwells with pride upon his extensive perineal tears, "high-forceps" deliveries, versions, and similar evidence of obstetric ingenuity, and is prone, at any moment, to spring a paper upon us entitled, "Rare Case of Normal Delivery."

—

The committee on fee revision, of the Chicago Medical Society, is to be congratulated upon its laudable effort to keep up with the procession. At the same time, they

have failed to develop what might be termed "masterly activity." A mere 60 to 100 percent increase is recommended, thus making the ordinary professional call cost the "ultimate consumer" from five to ten dollars. A strictly up-to-the minute bill should read something like this (for the real article, see any automobile-service-station statement, such as, for instance, one lying before us):

Mr. Ex-Patient

To Drs. Getit and Go . . . . DR.

Labor; going to patient; shaking hands with him and showing solicitude; feeling pulse and taking temperature; inserting thermometer and removing same; baring chest and percussing; listening to heart to detect misses; overhauling abdomen; tapping teeth with tool to ascertain whether apices were tender; looking at tongue; shaking head over condition of same; inquiring into condition of bowel; ascertaining vesical activity; examining tonsils and having patient say "Ah"; [Later, he'll say "Oh!" with appropriate additions.—Ed.] asking if appetite is good; considering the case and prescribing; going back to office; making out this statement:

1 hr., 45 mins.	$14.50
Wear on tires (going)	.50
Wear on tires (coming)	.50
Oil and gas consumed	.55
Use of thermometer and stethoscope	.50
Pills given to remove deposits in cylinders	1.00
Grand total	$17.55

Note: Please remit; interest at 8% after one week.

Naturally, one is *im*pressed (or, *de*pressed) by a bill like that. It is convincing—squelching! The patient gets up at once and hies him forth to acquire the $17.55. That is the main thing.

Think, too, of the possibilities for the artistic or imaginative M. D. What ornate and interminable "bills of particulars" he could render to certain patients! Why, if he is possessed of any constructive ability, he ought to be able, within a year or so, to own at least three shirts and have two eggs for breakfast. His wife also might, ultimately, own a hat like Mrs. Plumber's. By all means, let us have a modern and elastic fee-scale—an auto-motive one, so to speak.

—

The Government is spending an awful lot of money to collect the income tax, especially since it has to disgorge millions of it that were claimed unjustly. All this big expense, of course, will have to be stood by the "ultimate consumer"; that is to say, by you, my kind citizen-friend, and by me. Let us add to the Litany, "From being a U. C., Good Lord deliver us."

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The usual talk about "spring fever," customary at about this time, is a beautiful camouflage (beg pardon for using that hackneyed term, but, it fits) for plain, ordinary laziness. I am guilty—so are you. What?

—

The assertion that the rise of woman's influence, politically and economically, indicates the fall of man, viz., his decadence, is slightly far-fetched. Whether prohibition, the proposed legislation against tobacco, and other results of woman's activities are evidence, remains to be seen. Anyway, it is as well to have somebody to blame for the all-around prevailing cussedness, and, we are quite used to blaming the women for everything. By the way, is the landlord's profiteering also an evidence of decadence? It may be, considering his slogan: "No babies allowed in these apartments."

—

The fellow who had eleven hundred and ninety odd cases of flu and about ten percent of them complicated by pneumonia, without a death, is either an optimist or a . . . well, anyway, his imagination is working overtime.

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If the advice goes—throw away your hammer and buy a horn—care should first be taken to drive home firmly those half-driven nails on which our sensibilities and our ideas of decency and honesty in politics are likely to be torn.

Leading Articles

French Tuberculosis Work After the War

By DR. LÉON BERNARD, Paris, France

Assistant Professor at the Medical Faculty, Paris; Physician to the Laenec Hospital and the Contagious-Diseases Hospital in Auchel; General Secretary of the National Committee for Assisting Tuberculous Ex-soldiers.

EDITORIAL COMMENT.—The manner in which the French government, with the assistance of private enterprise, has met the tuberculosis problem, which is a very serious one, is highly instructive. We may pat ourselves on the back, conscious of the fact that we ourselves have taken efficient measures, many years ago. Still, there is much to be learned, and the reading of Professor Bernard's description of the tuberculosis work in France undoubtedly will be instructive and beneficial.

THANKS to the initiative of the government and, in consequence of it, to the development of public opinion, the war has given an impetus to the antituberculosis movement making it possible very soon to endow our country with a complete organization.

The war has unmasked in a very striking manner the nature of this plague and has increased the peril threatening through it to the future of the race. But, at the same time, the arousing of the national solidarity and, also, the financial courage that it has produced have at last caused consideration of the problem with a desire of accomplishment, the first pledges of which already are realized and deserve to be made known. It can not be repeated too often, that, in matters of prophylaxis, nothing can be accomplished except with the assistance and collaboration of the medical profession. On the other hand, the education and the training of the great public are no less necessary; laws are applied and institutions utilized only if they follow progress and influence public opinion.

Professor Léon Bernard.

Before the War there existed, in France, in this field of action, only undertakings through private initiative, associations devoted to propaganda, or antituberculosis leagues that had been founded in small number and without concerted effort, whether it referred to dispensaries or to sanatoriums. The public administration, excepting that of the *Assistance Publique*, in Paris, did not possess a single institu-

tion of this kind. The authorities did not participate in the organization for protecting the country against tuberculosis; the laws did not mention this malady which, alone, killed almost one-half of the French people between twenty and forty years of age. Thus, no concerted plan, no general method had been developed unless it were within the limits of the academies and commissions. The ways and means had not been investigated by the state. The obligatory reporting of tuberculosis cases had been given up because of opposition on the part of physicians, who proclaimed the insufficiency of the measures that had been inaugurated for aiding the reported tuberculous persons on record. The laws providing for social-hygiene dispensaries in France were held up in the parliament that still was deaf to the so pressing interest of the question.

And, Then . . .

The war came. No circumstances whatever could have revealed the national danger from tuberculosis in a more dramatic manner nor the inadequacy of the means that we had inaugurated to oppose it. Now, the country aroused itself, under the influence of the wishes and the work of the permanent tuberculosis commission that had been called forth by the ardent campaign of the late dean, Professor Landouzy. The Minister of the Interior at last interested himself in the struggle. With a great practical sense and a consummate administrative ability, Mr. Jules Brisac, director of *l'Assistance et de l'Hygiène Publiques,* evolved an entire program and carried it rapidly into effect. The credits demanded from Parliament were readily granted. In October, 1915, for the first time, the law gave official existence of some sort to the malady that almost decimated the nation. It is only just to proclaim that the honor for this action is due to Mr. André, and to Mr. Léon Bourgeois who at last saw the fruition of his unceasing efforts of so many years.

This program consisted essentially in the establishment of two kinds of institutions, namely, sanitary stations and committees for assisting tuberculous ex-soldiers.

The Sanitary Stations

The sanitary stations are establishments where tuberculous soldiers are taken care of before they are discharged, in order to give them that care that is suitable to their condition and, also, hygienic advice that will enable them not to be dangerous for their surroundings after they have returned to their homes.

These establishments, however, receive also discharged tuberculous soldiers, whether it be that they have already left the army before the creation of the sanitary stations or that, having already spent a course of treatment there, they asked for readmission in order to be treated further.

The Committees for Assisting Tuberculous Ex-Soldiers

The committees for assisting tuberculous ex-soldiers comprise the departmental subcommittees and the national committee. tee.

The departmental committees are private associations whose particular characteristic is, that they have been founded through the initiative of the prefectoral authority, that are dependent in some way upon the administration and benefit from its subsidies while at the same time preserving their independence. These committees have the object to come to the assistance of discharged tuberculous soldiers, not only in providing for their health-needs but, also, (and, perhaps, mainly) to continue in their homes the hygienic restoration inaugurated by the education that they received in the sanitary station; thus raising around the infected home a prophylactic barrier for the preservation of the family in order to save the children and protect society. All tuberculous soldiers, when discharged, are reported to the departmental committees which thus are able to come to their assistance.

The national committee has the purpose of aiding the departmental committees in their work, supporting their efforts by all possible means, moral, technical, material and pecuniary, and to regulate their activity by uniform methods. Founded in Paris under the presidency of Mr. Léon Bourgeois, the national committee has assumed the task of stimulating, arranging and coordinating more and more all the goodwill and undertakings that direct their efforts toward the tuberculosis campaign in France.

This was the program outlined by the Minister of the Interior. The public-

health service did not hesitate to grant to it its authority and its resources by completing in a military respect the general organization that had thus been brought about. In fact, Mr. Justin Godart, Under-Secretary of State of the public-health service, determined the creation of special hospitals, socalled sanitary hospitals, that were destined to receive tuberculous soldiers and to separate these entirely from other patients, to group them in accordance with various modes of treatment and to give them the necessary care.

This plan of action was inaugurated at the beginning of the year 1916. We shall see the results that it has already produced at the present time, after two years of operation.

Hospitals and Sanitary Stations

The sanitary hospitals number, at the present time, forty-nine and contain a total of 6,800 beds. They are erected in the various military regions and are installed in estates of unequal value. Some of them are actual sanatoriums, such as, for instance, those of Béquet (Gironde), Campagne-les-Bains (Aude) and Côte-Saint-André (Isère), Laressore (Basses-Pyrénées). Others are more elementary institutions; while a number of them are but ordinary hospitals situated in cities and possessing no special characteristics except with reference to the class of patients that they harbor.

The criticism might easily be made, and has actually been offered by certain disaffected skeptics, against the creation of sanitary hospitals, that they can hardly claim to be sanatoriums; neither by their equipment nor by the competency of the attendants in charge.

As to Existing Resources

Undoubtedly, if before the war there had not prevailed so general a conspiracy to neglect the tuberculosis problem, one would not have found such a paucity of means when great necessity required their utilization. At this time, it was necessary to resort to whatever chanced to offer. As to the personnel, it was developed rapidly by means of courses in the already existing sanatoriums, owing to the impossibility of finding in the medical schools special tuberculosis courses where the subject was taught clinically as well as in its social aspects.

As regards the equipment, the same course was followed and one appropriated as well as possible the places that were found available. Most certainly, it is well to consider as an actual progress and an indisputable safeguard the fact that the tuberculous were separated from other patients in special wards.

For a number of years, enlightened minds have rebelled against the veritable scandal that exists in most of the French hospitals, both civilian and military and, in consequence of which there are found together, in the same hospital, consumptives, acute or chronic patients, as well as convalescents. Now, at the time when a first tentative general organization of hospital classification (isolation) is established in military institutions, there are found physicians who, critical of detail, oppose an institution that makes a decisive step forward in the question of hospital management.

Importance of Isolation

However much the objections may be justified that have been raised against some of these institutions, as a whole, they have rendered an immense service by separating the tuberculous from other ill soldiers. Nothing can illustrate better this assertion than to cite the number of the patients who have already passed through the sanitary hospitals, being thus prevented from spreading the infection. This number amounts to 49,510.[1]

It may be added that the selection of the tuberculous soldiers and the decisions arising from it were accepted in the light of a military necessity through which the patients were placed under observation in special institutions by a personnel that had been trained for the task.

This selection has long constituted one of the duties of the sanitary hospitals. Recent instructions received from Mr. Mourier, Under-Secretary of State of the Health Service—in order to give still greater scientific guarantee and to specialize still more rigorously the sanitary hospitals—have caused the formation of special centers of selection standing under

[1]This figure was given out in May, 1918; by this time, it certainly has increased greatly; yet, it retains its significance.

the technical control of the medical director of the sector. It is this division into centers of selection and into sanitary hospitals that deserves praise, together with the inspector general of the medical service. It was inaugurated in January, 1916, by Doctor Sieur and myself in the retention camp of Paris.[2]

The selection resulted in the separation of patients in certain groups that required different treatment.

Those patients who were found to be non-tuberculous were returned to the army, either at once or after a certain period of rest.

The tuberculous patients were sent to the sanitary hospitals, except for those afflicted with advanced consumption and who were definitely bedfast; these are taken care of, isolated, in general hospitals. The tuberculous patients are taken care of in the sanitary hospitals, and those who do not discharge tubercle bacilli and may still be able to give service, are there retained in service. On the other hand, the bacillus carriers are entitled to discharge. However, before being discharged, they are sent to sanitary stations.

The Sanitary Stations

The Sanitary Stations have been created with the intention of permitting the tuberculous soldiers to spend there a certain period of time before being dismissed, in order that they may receive instruction in the care and hygienic precautions necessitated by their condition. These are not actual sanatoriums, but, rather, establishments for prophylactic training. For this purpose, various places have been appropriated according to a "minimum program," that is at once economical and rational and was elaborated by the permanent commission for the prevention of tuberculosis.

However, it was held, not only that the arrangement materializes those conditions that are indispensable for an establishment of this nature but, also, that the routine of medical treatment and discipline must be in accordance with that practiced in sanatoriums.

By daily conversation, by heart to heart talks, the physicians impress upon the minds of the patients useful information, while, at the same time, by continued observation of careful prophylactic measures, the nurses recruited from specially selected pupils of the French school of visiting nurses accustom the patients to sanitary habits. These patients will take home, both, the information and the habits, after being discharged, and they will apply them for the rest of their lives.

However, this is not all. Patients receive, in addition, therapeutic benefits resulting for the most part in notable improvement. These stations have not been in operation long enough that it were possible to prepare actual statistics in proof of this. Still, it is interesting to note that in the majority of cases the rest, feeding, open air that the patients enjoy are sufficient rapidly to change their condition, and, sometimes, profoundly so.

By sending tuberculous soldiers into the institutions of the Minister of the Interior instead of discharging them without assistance, the state manifests in regard to them its tutelary role and it assumes charge of them, giving them continued assistance and reporting them, after they leave the stations, to the department committees. At the same time, it makes sure, by following up these cases, that the country is protected against the spread of disease.

But, aside from these soldiers who are about to be discharged, the sanitary stations receive also actually discharged soldiers, whether it be that these never have passed through these stations or whether they return there in order to continue treatment.

In this manner, these establishments serve as sanatoriums for the patients who receive the assistance of the department committees and are designated by them as suitable for sanatorium treatment.

There is, thus, an exchange of relations going on between the department committees and the sanitary stations, the latter reporting discharged soldiers to the committees, while the committees send to the stations those of their patients whose condition demands sanatorium treatment.

To tell the truth, the sanitary stations do not present all of them similar conditions, and some of them give evidence of the haphazard manner in which their program has been outlined. Others constitute actually sanatoria and then there are cer-

[2] Sieur and Léon Bernard: Upon the measures taken in the Paris retention camp for the discovery, isolation and elimination of tuberculous soldiers from the army. *Academy of Medicine*, July 11, 1916.

tain stations, for instance, at Saint-Jodard (Loire), at Pignelin (Nièvre), at Montfaucon (Lot), Engayresque (Aveyron) and others that may rival the most notable public sanatoria in France or in other countries.

Distribution of the Stations

The sanitary stations are located in very different portions of the country. Some are situated in the central plateau (Saint-Jodard, les Roches, Bégut); others on the Riviera or in Provence (Menton, Taxil, Portes-les-Valence); others in Bretagne (Huelgoat); in the Pyrenees (Cambo, Trespoëy); a good many of them are in the low-lands (La Chapelle, Saint-Mesmin, Touvent, Clavières, Saint-Etienne-de-Rouvray, etc.).

The actual number of stations is twenty-nine, containing a total of about 3,000 beds. The number of patients having so far passed through the sanitary stations is 14,000; the same being true for this figure as was marked further back.

Committee for Assisting the Tuberculous Ex-Soldiers

The departmental committees are charged with the care of those discharged soldiers who are tuberculous. In this particular, the individual assistance is associated happily with social prophylaxis, both in the means taken as also in its purpose. In fact, the method consists in furnishing the dismissed tuberculous soldiers with what might be designated as prophylactic assistance. That is to say, an assistance that is given less by means of money gifts but rather by supplying all the aids that may prove useful in taking care of the infected places. Help in food, in remedial agents, in hygienic provisions, assistance that is material and also moral and instructive.

For the distribution of these aids, the committees have secured the collaboration of visitors selected from nurses trained in institutions, also, physicians, mayors, churchmen, employees of the department of disinfection, and volunteers; this organization has made it possible to come to the assistance of all discharged tuberculous soldiers who had not already applied to it. Almost 25,000 men have been efficiently taken care of and aided since the organization of the departmental committees.

However, very many of these committees have not limited their task to the duties that had been assigned to them. Stimulated by the immensity and importance which their duties might assume by being broadened out, having been endowed in the public mind with legal authority and among strangers with the credit justified by the zeal and the manner in which they had undertaken their mission, certain particularly active committees have extended their organization, creating institutions for the tuberculosis campaign by associating with themselves those volunteers and resources that offered themselves or which they invited. In this manner, gradually, the committees replaced their visitors by, or added to them, professional "hygienic" visitors whose prophylactic work is highly efficacious.

These visitors are secured by the committee from various sources, but some (among them the school of visiting nurses of France) have sent monitors for the purpose of organizing and developing a corps of visitors. Others have asked for qualified nurses from the Red Cross Society. For the same purpose, schools have been founded and are still being established, giving to these nurses the necessary special technical instruction for their new task of "hygienic" visitors. Four schools already exist in Paris; others operate in Lyon, in Pau, Bordeaux, Marseilles, Nice, Nantes, and, of course, the instruction has to be carried on indefinitely. Still other places will be established.

However that may be, there are twenty-seven departments, without counting Alsace, that now employ "hygienic" visitors, whether in the principal town of the department, or in several towns, or throughout the entire department.

More still, a number of department committees have set their mind resolutely upon the putting into effect of a rationally conceived antituberculosis campaign including dispensaries, sanatoriums and isolation hospitals.

As for the dispensaries, some of those existing before the war have been utilized by the committees.

Eighty-nine dispensaries have been established since the existence of the committees, most of them by the latter, and all with their assistance and for their use.

[The list of dispensaries is omitted as being more of national interest. It may be

said, however, that several of the dispensaries were established with the assistance of the Rockefeller Commission.—Ed.]

This remarkable establishment of dispensaries marks only the beginning of the actual work. There is not a single department in which the problem is not submitted to the general council. Almost all departmental assemblies have decided to apply the law of April 15, 1916, and often they arrange with the departmental committees for the establishment of dispensaries in view of the authority that the committees have obtained.

One of the most immediate results of the establishment of the departmental committees is seen in the foundation of dispensaries which, distributed through the entire country, bear witness to the energy of the committees, enlarge their action and assure their effectiveness.

There is no doubt that, since the activities of the departmental committees develop from day to day more, we soon shall have dispensaries everywhere, and that, in this manner, the Bourgeois law will be applied throughout the entire country.

In the second place, several departmental committees have succeeded in collecting important sums for the purpose of founding sanatoriums in conjunction with the department administration and the state. Thanks to this effort, it is today possible to prepare a list of eleven sanatoriums that are open or about to open and which have been established in ten departments.

[The list is omitted.—Ed.]

This list is by no means closed. Other plans are still under consideration and, among them, we consider to be the most interesting those that have the purpose of grouping several departments for the cooperative building, support, and utilization of sanatoriums.

In these interdepartmental plans which are being made especially in the southwestern departments, the underlying idea is extremely ingenious and should be encouraged, not only so as to serve the needs of poor departments but also in order to prevent the establishment of a lot of sanatoriums that are too small, too numerous and too difficult of operation.

Thus, then, from the activity of the departmental committees, the institution of sanatoriums has received an impulse, in France, and a degree of realization that has already changed the aspect of conditions.

Finally, numerous departmental committees have realized the need of hospital beds for the unhappy consumptives whom the actual conditions prevailing in our hospitals make it impossible to harbor under circumstances that should be favorable to them and to the other patients. At the instigation of the Minister of the Interior, they have consulted with hospital administrations for the purpose of ameliorating hospital conditions by establishing pavilions, or special wards, with the assistance of the government.

The committee of the Department of the Seine did not have to devote any attention to this problem. Thanks to the generous initiative of MM. H. Rousselle and Sausse, the municipal council of Paris had already voted for the creation of 2,250 beds for tuberculous patients that have been or are going to be placed in separate pavilions in various hospitals of Paris and suburbs.

In many other departments, efforts are made to follow the beautiful example given by the city of Paris and the opinion is justified that one consequence of the direction taken by popular opinion will be, to facilitate the actual hospital isolation of consumptives that had for so long been demanded in vain by sanitarians.

One can realize, by this recital, the importance and the extent of the work accomplished in two years by the departmental committees. Their work has found, in a way, a center, or a pivot, in the national committee. The national committee for assisting tuberculous ex-soldiers, under the presidency of Mr. Léon Bourgeois, has essentially the task of aiding the departmental committees. The assistance has been given with all the means at its disposal; by allowance of grants, by the distribution of clothing, of hygienic utensils, of propaganda literature, such as a "practical guide to the hygienic monitor." The committee also has endeavored to give a uniform, orderly direction to the movement originating in the departmental committees. On the other hand, the national committee has undertaken the task of stimulating certain powerful corporations

and to make appeal for the largest-possible contributions. It is thus that the Association of Metallurgic and Mining Industries has founded an antituberculosis society which is to develop an antituberculosis education in industrial regions and to endow dispensaries and sanatoriums. The Building Syndicate has engaged in a like undertaking.

The national committee has associated its activities with those of other undertakings, such as the "Grancher Endowment," the three French Red Cross Societies, the Ex-soldiers' Protective Association No. 2, for the purpose of coordinating their efforts in a common direction, namely the methodical organization of the antituberculosis prophylaxis in France. A close collaboration has been established between the national committee and the American commission for the prevention of tuberculosis that was sent to France by the Rockefeller Foundation for the purpose of giving us the valuable assistance, the enlightened counsel and the financial resources of our transatlantic Allies. This collaboration has been put into practice mainly by a sort of adoption, of our departmental committees, by the American Commission which has made it a rule to include them as bases in the organization that it has created; and, this is a proof of the appreciation that it entertains of their value. It is known that the national committee has organized a national tuberculosis department throughout France, the legitimate success of which is attested by the receipt of about two million francs and has thus shown the happy result of its propaganda. Finally, it may be said that the national committee publishes regularly a periodical bulletin which describes the entire functioning of the tuberculosis work.

The activity of the national committee, being facilitated by important donations and subscriptions to which it has been beneficiary, has not failed to make good its initial promises. Indeed, it tends to extend in still new directions of propaganda by means of educational moving pictures, and, also, in the direction of social therapy through the creation of schools for agricultural reeducation of tuberculous patients.

These are the results of the organization that has been effected since the war. Its greatness and its accomplishment must be measured, not only by the number and utility of the undertakings that it has produced, but, also, by the value and the force of the popular opinion that it has engendered. Through the institution of departmental committees, the great public has been interested in questions that, before, hardly had passed beyond certain limited corporations, and it has been interested in the most efficacious manner by taking part particularly in the antituberculosis campaign. This was the best means for preparing the country for the adoption of legal measures of a more general nature.

By directing the public mind toward a more mature view of social hygienic problems, the appeal to private action has facilitated the securing of necessary capital. If one collates the total of subscriptions collected by the national committee and by the departmental committees, the result is a sum (increasing day by day) far beyond the credit that the government would have granted at the time when this vast enterprise was decided upon. Today, however, not only is popular opinion enlightened and trained, but the authorities have become conscious of their obligation. Is not that a certain guarantee for the future of the antituberculosis campaign?

The Outlook for the Future

As a matter of fact, the future development of antituberculosis organizations seems to be assured. Through it, greater energy will be injected into the work of the Ministry of the Interior, the practical character of which has succeeded in arousing the interest of the country. At the same time, there will follow a greater vigor in the sanitary laws, through which the antituberculosis measures will become a function of the state and, thus, a new era will be inaugurated.

The dispensary law was passed on April 15, 1916, in consequence to the detailed reports of Mr. Honnorat and Mr. Paul Strauss. Being conceived in the widest spirit, its text anticipates the various methods of dispensary establishments, public dispensaries, private and cooperative dispensaries, departmental dispensaries; it provides for the obligation of communities that for five consecutive years show a mortality higher than the average mortality observed through the entire country and,

finally, it vouches for the pecuniary support on the part of the state. A circular from the Minister of the Interior to the prefects, dated July 31, 1917, has outlined the technical and administrative details of this new institution, supplying to those interested all the information that will make it possible for them to carry out the plan practically.

In the antituberculosis campaign, the dispensary is the center of activity. In the manner in which its functioning follows the method and the spirit that, since Calmette, defined its object and its program, it is a pivot, as it were, around which all means for the antituberculosis assistance gravitate as well as those of prophylaxis and education. In the struggle against the scourge, it is at the same time the listening post and commanding post, since it discovers and attracts the tuberculous patients and regulates the treatment that they require. Dispensaries may be created and maintained at slight cost, and it is intended to extend this institution throughout France.

The sanatorium is an instrument for the cure and economic restoration of patients, limiting, therefore, its action to a more closely defined field. Here, also, the public powers will be in command. The parliament is actually in possession of the text of a law submitted to the chamber by MM. Honnorat and Merlin, formulating the questions of budget, of administration and of technic in the creation of sanatoriums, both public and private. Here, also, the state will not only participate but will exercise control. It will contribute to the expenses of the first installation as well as those of maintenance, a part only remaining to be provided for by those initiating the establishments, whether they be departments, communities, or private groups.

This law still is under consideration, but, by reason of the growing interest that the parliament devotes to the problem, to the immense problem of tuberculosis, there is no doubt about it that it will be voted upon by both chambers, either with or without modifications.

Finally, the permanent commission for the antituberculosis campaign has adopted the text of a report submitted to it by MM. Jules Brisac and Léon Bernard.[1] This report gives an account of the present organization and outlines the future organization, particularly the technical conditions that must govern the establishments that are to be maintained or still to be created. This study has assumed the task to tie the future to the present. In fact, if it has been possible to bring about so great a progress in the antituberculosis work in the course of the war, it is owing to the circumstance that, by intending all these efforts for the benefit of soldiers, it was possible to obtain all the necessary sacrifices and to secure the general good-will in their behalf.

What has been accomplished, owing to the war, will not be lost for the future. The departmental committees must, by virtue of their regulations, be transformed into social-hygienic dispensaries and we have seen that a great number did not await the cessation of hostilities before creating this institution.

The hospitals and sanitary stations, about 30 at least, find themselves in geographical situations in favorable surroundings and enjoy provisions that permit their continuation, since the war, as public sanatoriums. This means from 3,000 to 4,000 beds, to which are to be added 1,200 to 1,500 beds of sanatoriums in course of construction, and these do not include those that are being planned.

Support by Physicians

The development of antituberculosis institutions is pursued in accordance with the law and under the impulse of public interest. However, let there be no mistake about it, their value will be rigorously dependent upon the support given to them by the medical profession. Dispensaries and sanatoriums will be without efficiency unless they enjoy the interest and support of physicians and unless these are conscious of their own share in the work. Often, isolation in hospitals can be maintained only with the acquiescence of physicians. It is evident that new paths of social-medicine are being opened today for the duties of the medical profession, its science and practice. The French school will follow this with the same spirit of disinterestedness and the same will to succeed that have created for it so great a name in clinical medicine.

[1] J. Brisac and Léon Bernard. Antituberculosis institutions after the war. *Revue Scientifique*, Mar. 2, 1918.

A New Nerve Test

By WALTER M. COLEMAN, F. P. S. L., Cambridge, England

EDITORIAL COMMENT.—Readers of CLINICAL MEDICINE will remember several very instructive articles from the pen of Mr. Walter M. Coleman that appeared during 1917. In his present communication, he gives first publicity, in this country, to a nerve test that he elaborated and which promises to be of great service. Physicians who find occasion to investigate this test may be of great assistance to its author by communicating their results and their opinions either to Mr. Coleman, direct or through our intermediation.

THIS test is based upon my experiments in panoramic vision, or vision in which the eyes do not see the same object. The report of my results ("On the physiology of panoramic sight") appears in the *Journal of Physiology*, Pt. I, 1920. Professor Langley has introduced my experiments on this subject into the physiological laboratory course of Cambridge University.

Fortunately, the new test requires almost no apparatus and, to avoid self-consciousness, it can be offered to the patient as an amusing or curious trifle.

In a dark card, such as is used for photomounts, about 5x7 inches in size, two holes are cut slanting outward 45 degrees, and with their near points 2 9/16 inch (65mm.) apart, size of holes ⅛x¾ inch (5x15mm.) See Figure 1.

Fig. 1. Showing size and distance of slits.

The patient stands, sits or lies before a window in such a position that the card held about four inches from the eyes will cut off the light from the window, leaving no bright margin of sky around the card. He next looks at the sky through the holes and brings the card to the eyes. He is now told to look steadily at the holes and slowly move the card out until it is about 4 inches from the eyes; then hold the card steady and gaze at the sky through the holes. The physician times this gaze to 15 seconds if the sky is bright, longer if the sky is dull. The patient then turns to a dimly lighted corner, closet or wall; or he holds his hands or a dark cloth before his eyes; and with closed eyes watches for the after-images.

The physician, with note-book or case-form, records R, L, B, or N, as the patient says "Right," "Left," or if one image remains until after the other comes, he says "Both"; or, if it goes and there is a blankness before the other comes, he says "None."

For convenience, the formula of after-images so written is called the "Opt."

The test is so simple and easy that it can be made in one or two minutes yet, it usually impresses the patient as something mysterious and revealing that gives the physician a new knowledge of his case—and, correctly so, for, the test shows whether neuromuscular action is free and balanced or not.

The accompanying drawings show the four typical results of the test (Fig. 2.)

Opt:RLBN. If all four letters recur in the record, nerve action is free, alert and normal; providing the length of the phase does not exceed the usual limits (3 to 10 seconds for children, 5 to 10 for adults). The shortest average phase I have recorded, was that of a feeble-minded boy (1 1/3 sec.); the longest, that of a shell-shocked bombardier from Mesopotamia (48 seconds.) The phases are roughly timed in seconds by counting slowly and noting the count after each letter.

Opt:LRLR. The spontaneous, excitable or flighty do not stop on the B (both, or

balanced) but swing continually between right and left. The total action for the two sides is equal, however, and there is no indication of neurosis. Fatigue, loss of sleep, anemia, usually bring about this opt.

Opt:B or BNBN. I have to ask for the cooperation of physicians in limiting the exact meaning of this opt. When the right or left image never appears singly but both images are continuous or both come and go together, intentness and fixedness is revealed. It seems to mean a constant exertion of the will, whether it is masterful or strained. Leaders of men often give it; yet I found it in every gassed soldier tested and in all cases of wounds in the lungs; also, in cases of melancholia. However, there is no doubt about the meaning of the next opt.

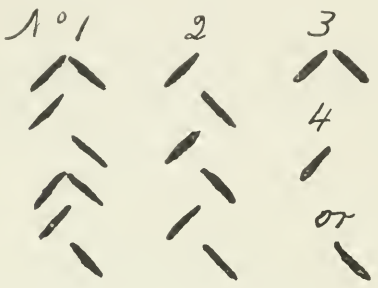


Fig. 2. The four common opts.

1. BLRBLR.	2. LRLR.	3. B.
Alert.	Spontaneous.	Intent.
Poised.	Excitable.	4. L or R.
Normal.	Nervous.	Unbalanced.
		Hysterical.

Opt:R only or L only. It means neurosis, incipient or developing, and usually, of a hysterical nature. But, if later tests show B's becoming frequent in the record, balance and normality are being recovered. Of dozens I have tested and found giving only a right or left image, not one was found to be perfectly normal even though apparently well. For example, two years ago I tested a lady in London, apparently in perfect physical vigor though known to be somewhat odd and erratic; she had the right image with no glimmer of the left. I have just been informed that she is now an advanced hysterical patient with contractures, anorexia and similar manifestations.

Stammerers are more liable to have the left image only; this is also true of sufferers from migraine. I found the right image only in homicidal mania, left hemiplegia, and most cases of hysteria. This list also includes men who have lost a left leg or arm and suggests that cripples are under more or less nerve strain.

The test may prove useful in foretelling serious trouble when it is, as yet, only incipient, in showing the extent of the nervous factor in complaints primarily of other character, and in measuring the progress toward recovery from neurosis. If a dyspeptic were to give the normal 4-letter opt, this would be decisive evidence that the dyspepsia is not of nervous origin.

But, the usefulness of the test depends upon what physicians make out of it. I have no doubt that the editors, always ready to aid in increasing the accuracy of diagnosis and treatment, will either publish or forward to me definite findings in this connection by practicing physicians.

IF we can only come back to Nature together every year, and consider the flowers and the birds, and confess our faults and mistakes under the silent stars, and hear the river murmuring in absolution, we shall die young, even though we live long; and we shall have a treasure of memories which will be like the twin-flower, a double blossom on a single stem, and carry with us into the unseen world something which will make it worth while to be immortal.

—*Henry Van Dyke.*

The Small Hospital or Sanatorium

By S. W. STAADS, M. D., Sioux City, Iowa

EDITORIAL COMMENT.—Doctor Staads' description of his experience and of the evolution of his institution is highly instructive. Undoubtedly, it will be of use to other physicians who are interested in the hospital problem.

THE Editor's request for articles on the subject of hospitals and similar institutions ought to bring forth a goodly number of responses, because the subject is timely and, by a lively discussion, we all can learn something. Since my ideal had long been, a small institution where I could have my operative cases cared for as I would wish to be treated were I the patient, I started our Hillside Sanitarium, in June, 1915.

A large frame building was bought, thoroughly remodeled and fully equipped with operating room, baths and all necessary electrical apparatus to enable us to give our operative cases those great advantages, during convalescence, that a well equipped sanitarium can offer. I engaged a suitable nurse as superintendent and started the Hillside Sanitarium Training School with two pupil nurses. Soon, I had all beds occupied. It was hard work at first to teach both, superintendent and nurses, what they should know about sanitarium treatments and, at the same time, take care of my patients and supervise the entire household. But, since I always have enjoyed hard work along the lines of my profession, I did not mind the work, strenuous as it often was, for, the splendid results obtained provided a pleasing compensation for my efforts. Soon, more pupil nurses were accepted and my professional friends assisted me splendidly in lecturing to the class. Still, I could not accept patients from other physicians, as the available room was just sufficient to accommodate my own cases.

The Hillside Sanitarium.

After two years, we had grown to such degree that we needed more room and, since we had sufficient ground, we proceeded to erect a fireproof building which, in addition to the first one, gives us room for 38 patients. As a rule, we have all beds occupied. If labor and material prices were not so excessive, we could now start a large addition to our new building. As it is, that must be postponed.

Operating by Artificial Light

There are a few things that experience has taught us, and which I should like to mention in the hope that it may be of use to other physicians. Our operating room is very plain, but amply large enough for the purpose. It has plenty of light and the socalled "X-ray Light" makes night operating a pleasure. Night operations are done with all the window shades pulled down, even over the skylight, so that all the illuminating rays concentrate on the field of the operation. Electricity furnishes our light and drives our motors, but, in case the electric current should fail us, we have a gas jet in the operating room for the attachment of a portable mantle lamp. This,

I believe, is an important provision in case of emergencies.

The Sterilizer

Our sterilizing is done in the hospital sterilizer made by the Northwestern Iron and Steel Works at Eau Claire, Wis., gas being used for generating steam, as our small plant furnishes only low-pressure steam for the vapor-heating of our buildings. In connection with this, I wish to say that all sterilizing ought to be done with a control tablet as manufactured by A. W. Diack, Detroit, Mich., for, it insures perfect control of efficient sterilizing. A small room next to our sterilizing room is intended for the operators and contains also the Nitrous-Oxide apparatus. This form of anesthesia is my absolute choice of all and we are very fortunate in having a specialist in this line, in our city, who is a master in his art. The greater expense is but a small item when the greater comfort of our operative patients is considered.

Many Conveniences

Our halls and stairways are covered with heavy battleship linoleum which is extremely durable and absolutely deadens all sound. All basecoves in our fireproof building are rounded at the floor and corners to prevent dust from gathering there. In our rooms for the operative cases, we have ceiling fans. These add so much to the comfort of the patient, in the summer, that I should advise their installation in all institutions for the sick. Patients who are up and around can find shady porches, but, not so the bed-patients. Of course every room has its call bell, but, in addition, there is a socket for attaching electrical apparatus such as vibrator, electric heating pads, high-frequency apparatus, light-treatments and others of the kind. I have found all these things to add greatly to the comfort of the patient and to assist wonderfully in the speedy recovery after operations. But, we find this little equipment of great value also for nonoperative bed patients, for, we are thus assisted in giving many other forms of treatment. Let me say, by the way, that 3 foot beds are the best and that high-grade casters are an economy.

I advise that all hospitals and sanitariums have one so-called strong room where patients who are at least temporarily mentally aberrated can be placed for safety, and, sometimes, for extensive treatment, for which a sanitarium is wonderfully equipped. The strong room, of course, has everything removed that might endanger the patient himself or others, and all the windows and doors must be heavily guarded with strong iron grills which can be placed in windows and doors very nicely from the inside so that no patient, no matter how strong he is, could possibly pull them off. When the room is not used for a mental case, the gratings can easily be removed and no vestige is left of the former strong room.

Care of Chronic Cases

Our Sanitarium proper takes care of a large number of chronic cases and the results obtained by the combined treatments are often marvelous. While my specialty is surgery and my therapeutic classification that of a Homeopath, still, I have found, in my twenty-six years of experience, so many other things that will aid in the cure of the sick, that I feel it my solemn duty to employ them all, regardless of pathy or ism.

With the thought that others might wish that I briefly mention some of them, I should like to say to any doctor who contemplates building his own institution: Learn all you can about nature cure and drugless forms of treatment and employ them and you will greatly increase your usefulness to your patients. The electric-light bath followed by tub-shampoo and cooling needle-spray and then by full body massage will do wonders in starting the patient's elimination. Have your nurses, male and female, learn all of these things and the proper application of static electricity, the sinusoidal currents (my experience shows that the money placed in the Universalmode, made by McIntosh Battery & Optical Co., Chicago, is well invested), light therapy (I prefer the Sterling Lamp of Sterling Therapeutic Lamp Co., 546 Garfield Ave., Chicago), high frequency currents (buy from Victor Electric Corporation, Chicago, one of their larger machines), electric sitz baths, vibrating chair, etc. You can not do all the work, but your nurses will, thus giving you time for your more important work. It is my opinion that only the experienced physician should apply galvanic currents to the sick, for, only he can properly handle this scientific variety of the electric modalities. Think what you please of the Oxyoline apparatus made by the Ozone Company of America, Milwaukee; but, I use two of them with great

satisfaction and would not be without them. Doctor Roemer's Tension Table (Physician's Supply Co., Waukegan, Ill.) is undoubtedly a fine addition to our armamentarium and soon will find favor with any physician who uses it. The Burdick Cabinet Co., 100 Atlantic Ave., Milton, Wis., makes very fine cabinets and lamps. Of course, the Frank S. Betz Co., of Hammond, Ind., also supplies all of these things.

Kitchen and Dining Room

The kitchen of a well arranged institution, even if it is small, is of paramount importance, and a large salary paid to a good cook and her assistants always is a good investment. That all food should be the best that money can buy, goes without saying. All labor-saving devices, such as bread cutters, butter cutters, electric dishwashers and many others, soon pay for themselves. In this connection, I wish to recommend the new compartment plates, especially for bed-patients. They look well, wear well, save dish-washing labor and, since they are of heavy china, keep themselves and the foods warm for a long time.

The dining room is very important and, personally, I think that tables for six are the most practical. We have a nurse preside at each table, and it is her duty to see to it that the patients get the prescribed food; also, to keep up a pleasant conversation during meal time. [This means, of course, to steer clear of the ever-present topic, viz., illness and methods of treatment. It is so injurious to the patients that, often, we have wished it were possible to muzzle them.—Ed.] Our nurses and out-of-bed patients eat their meals at noon and evening at the same time in the same dining room. This may be criticized, but it is my choice for our condition.

Laundry, Cleaning, Lighting

The question is still open, whether the institution saves money by having its own laundry or by engaging a downtown laundry. Personally, I am in favor of the former practice. A good-sized rotary washing machine, extractor, hot mangle, all driven by electricity, and several electric irons are to be recommended.

A vacuum system built into the house is, of course, ideal, but, a good substitute is afforded by an electric vacuum cleaner or sweeper. The initial cost is moderate and the result fine.

Where electric lights are used, it pays to have the "Dim-a-Light" attached to every one; it is a comfort to the patient and makes for effective economy.

The Training School

The training school, of course, endeavors to fulfill the demands of the State Board, and, as previously stated, colleagues assist us splendidly in our lecture work. We consider it a great advantage to use the Chase Doll for the teaching of the probationers, the skeleton, Frohse Charts, Anatomical models, Betz's large new Smith's Manikin, microscopic slides, and so forth, for the general studies of the nurses. One thing we always impress upon their minds, and which we think has been of great advantage is: Keep smiling, work hard and treat your patient with the kindness and consideration that you would wish, were you the patient. For more than 20 years, I have trained nurses and lectured to them, and I am firmly convinced that often the best highschool graduate makes a poorer nurse than a gradeschool graduate with love for her work. In a great measure, nurses are born, not made.

Slamming of doors must be overcome by education of the nurses and by having on each door one of the smaller Yale or Corbin door checks, which close the door noiselessly, and you are spared the often useless task of educating nurses and patients. It pays to overcome these useless and (especially of nights) nerve-racking noises.

Some Other Helps

Auto-Hemic Therapy (Dr. L. D. Rogers, 546 Surf Street, Chicago) and Auto-Therapy (Dr. Chas. Duncan, 2826 Broadway, New York) are my staunch friends without which I would not care to practice. The same applies to the Hensel Nutritive-Salt Therapy (Hillside Health Food Co., Sioux City, Iowa), one of the really good things we got from Germany and a stand-by in chronic diseases. Radium-Therapy has seldom disappointed me and, while expensive, has proven worth all the money paid for it.

But, above all therapeutic measures, I prize Homeopathy. Men who claim to have tried Homeopathy properly and then forsaken this art must be so small in number and so diminutive in intellect that it

would take a strong magnifying lense to see them.

We find that it is a good investment to give the out-of-bed patients the advantages of our parlors, where they have their visits, their games, a good library, magazines and daily papers, Victrola music, electric fountain, moving pictures (we use the De Vry Portable Projector and lease films weekly, both from Atlas Educational Film Co., 63 E. Adams St., Chicago), canary birds, gold fishes and the like. Placards on the wall say: Have a good time, but do not discuss politics, religion, or your troubles. Tell the latter to your doctor or nurse only.

Last, but not least, I recommend that you carry insurance against damages from fire, tornado, employers' liability, malpractice, etc., and that you lessen your work by having an efficient private secretary keep all your books and to take care of your correspondence, using the dictaphone.

It is true, I have written a much longer article than I had intended, but, I thought that while writing it would be best to give full information, also as to the sources of supplies, than to have loss of time by inviting avoidable correspondence.

Tranquille, B. C., Sanatorium

By C. W. HIGGINS, M. D., Chicago, Illinois

IT is an ill wind that blows nobody good. Looking back over the past four and a half years, it is hard to believe, at first, that the fight against tuberculosis can have been helped along by the terrible world struggle just ended. This, however, is exactly what has come about, all over Canada, as an indirect result of the world war.

In the early months of the war, medical boards examining recruits for the army were not quite as careful, as they later learned to be, in passing men for service. By the spring of 1915, the results of this lack of care began to be manifest to the army authorities, especially as regards tuberculosis. When a man becomes a soldier, the country very properly assumes his physical liabilities, as well as his assets, and undertakes to see that he is looked after in case he becomes ill, and recompensed for any disability that he may acquire, providing the disability has developed while he is in the army.

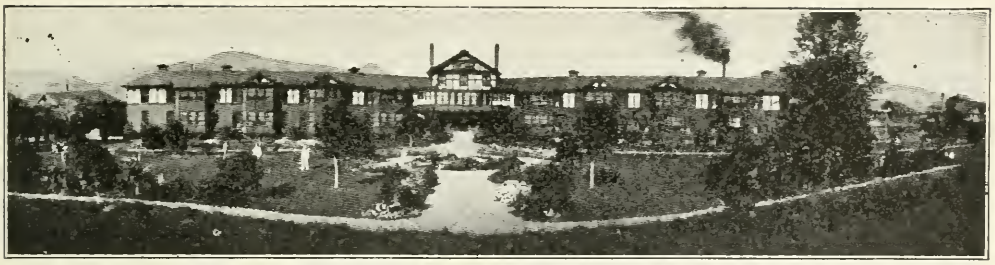
The Canadian authorities soon found themselves confronted with the necessity of providing treatment for an increasing number of cases of tuberculosis. At first, existing institutions were utilized for this purpose, but, very soon, it became evident that the accommodation available was miserably inadequate. This was not surprising to those who had been actively interested in tuberculosis, previous to the war, and who had been hammering away for funds, year after year, at the door of an uninterested public and an unsympathetic government. Slowly, of course, recognition was coming, but, ever so slowly.

Public opinion was aroused at last, and official recognition followed as a natural sequence, because those who had thus, unconditionally, placed themselves at their country's service must be properly taken care of. And, so, the Federal Government came to take a hand in the tuberculosis work.

Growth of Sanatoria

Existing sanatoria were enlarged and new institutions built in every province of Canada. Bed accommodation was at first doubled and then trebled, all in a little over three years. Sums of money were appropriated for the purpose which would hardly have been thought of in prewar days by even the most sanguine, and, so, the fight against tuberculosis has advanced more in this short space of time than would have been possible otherwise in a decade or two.

What has been done, in this direction, in British Columbia, is typical of any of the provinces of Canada. Previous to the war, there existed in the sunset province, perhaps, as many beds for tuberculosis, according to population, as in any part of Canada. In 1914, the only institution in British Columbia for the treatment of tuberculosis was located at Tranquille, in the dry belt of the province. Within a decade, it had grown gradually from about twenty beds at the



The Tranquille, B. C., Sanatorium.

time of its founding, in 1907, to a capacity of one hundred.

Additions built, or now under construction as a result of the combined aid furnished the sanatorium by the Federal and Provincial Governments, have brought the number of beds available up to two hundred and thirty, with more to come. There is now, also, another sanatorium in the province which takes care exclusively of returned soldiers. It is located in the Kootenay district and was opened about two years ago, having accommodation for one hundred patients.

Tranquille Sanatorium

The sanatorium settlement of Tranquille is beautifully situated on the north side of an expansion of the Thompson River, commonly spoken of as Kamloops Lake, on the main line of the Canadian National Railways. This district, known as the "dry belt," rivals the south-western states in the smallness of its rainfall, the total annual precipitation, including snow, averaging not over nine inches. The dry belt, it would seem, is a continuation northward of the desert areas of the south-western and western states. But, it is neither as arid nor as hot as these districts owing to the more northerly latitude. The region is mountainous, although there are no hills of any great height. To the east, are the Rockies, to the west, is the Coast Range.

Tranquille is located about ten miles west of Kamloops, a town of 4,000 people and headquarters for the range stock industry of British Columbia. On approaching the sanatorium, what first impresses one is, the luxuriance of the vegetation as compared with the expanse of the sage-brush covered hills surrounding this settlement. This transformation is due to the magical effects of water. With the abundance of warm sunshine, prevalent in the region, almost anything seems to grow readily if water is only supplied. Irrigation is, therefore, the rule. The sanatorium ranch, which is operated independently, contains 150 acres, about 100 of which are under alfalfa to be fed to the dairy cattle that supply the sanatorium with milk.

Tranquille Sanatorium itself is a community of nearly 350 people. Both the sanatorium and the adjoining ranch belong to the British Columbia Antituberculosis Society, an aggregation of men and women united for the purpose of combating tuberculosis. Both, ex-soldiers and civilians, are treated in the institution, no one being refused because of lack of means.

Municipal and government support are received on a per capita basis. The accommodation consists of two kinds depending upon the condition of the patient. An infirmary provides for those who are in need of bed-care and nursing, while ambulant patients live in the pavilions, making their own beds and going to the dining-room for their meals. Soldiers and civilians are treated alike in this as in other respects. A new one-hundred-bed infirmary has just been completed, as well as a service building containing kitchen and dining-rooms, a steam laundry, power house and garage. A new nurses' home also is under construction.

The usual sanatorium methods are applied in treatment, bedside occupation being the latest addition to the medical armamentarium. Special measures, such as, tuberculin, the x-ray and the violet ray, also are employed in suitable cases. An occupational work-shop will shortly be in operation, where wood and metal working will be carried on, primarily for the benefit of returned soldiers. Instruction in poultry- and bee-keeping also is to be provided.

When the additions are fully occupied, there will be up to 160 ex-soldiers in residence. On the whole, the returned-soldier cases are earlier and more favorable

than those occurring among civilians, the latter not having had the benefit of frequent medical inspection and, therefore, earlier diagnosis.

Contrary to the popular belief, it is now pretty well established that exposure of the soldier to the effects of gas plays little or no part in the occurrence of breakdowns from tuberculosis. Many of these men would perhaps have broken down had they continued in civil life and not a few were tuberculous previous to their entering the army.

The real cause, though, of such breakdowns as are directly attributable to service, is, probably, the stress of training and active-service conditions, and the exposure to which the soldier is subjected, particularly in the trenches. The new pension regulations which have recently been drawn up for the benefit of these men who have developed tuberculosis in the army are fairly liberal, but none too much so, for, the sanatorium graduate has a hard row to hoe during the first six months or a year after leaving the sanatorium because of the popular prejudice that persists in regard to the disease.

A few extra dollars in the pocket may mean the avoidance of a relapse at this critical stage when, otherwise, the convalescent consumptive would be forced by the fears of his fellows to conceal his weakness and attempt to work in competition with the healthy worker during this after-sanatorium period. Such a course not infrequently leads to a second breakdown and to months of invalidism. May the public speedily realize that the sanatorium-trained and conscientious consumptive is a menace to no one, while the unfortunate individual who is driven to secrecy, or the man who is ignorant in regard to his disease and the precautions which must be taken constitute the real source of danger to the community.

Rural Hospitals in Alberta

By WM. HAY WILLIAMSON, Chicago, Illinois

UNDER the terms of an act recently passed by the Provincial Legislature of Alberta, the province has begun the construction of municipally controlled hospitals on such a scale that, when completed, no resident of Alberta shall be more than thirty-five miles from a good hospital where he shall have absolutely free hospital accommodation and nursing service for himself and family.

Instead of coming within the category of charity institutions, service at these hospitals, the cost of construction and maintenance, conduct, standards, all will be analogous to that of the free public schools. In effect, this might be termed a provincial system of sickness and accident insurance, in which the taxpayers pay the premiums and "cash in" on the benefits whenever afflicted.

When one considers that the area in Alberta is 255,285 square miles, or nearly as large as the combined areas of Illinois, Iowa, Michigan, Indiana and Arkansas, it will be seen that this Canadian province has bitten off a large chunk. But, the fact remains that the work is being rushed; five hospitals are complete and in active operation; two more, both of which are quite large, are rapidly nearing completion; surveys have been made, plans drawn, and the plebiscite required by statute will be taken shortly, in six more districts; while preliminary surveys are being made all over the province.

Hospitals, already completed and in operation, are located in Mannville, Islay, Cardston, Bassano and Onoway. Vermilion district hospital will soon be a going concern, and the big Drumheller institution is nearly ready to receive patients. Votes will soon be taken in Stettler, Big Valley, Hanna, Spirit River, Grand Prairie and Viking. In all of these districts, the surveys have been made and boundaries determined, and the beginning of actual construction work merely awaits the formal ratification of the taxpayers.

During the last session of the legislature, a distinct Department of Health was created and given formal jurisdiction over the following previous acts of the legislature:

Public Health Act, Public Health Nurses' Act, Registered Nurses' Act, Municipal Hospitals' Act, Venereal Diseases Act, Medical Profession Act, Alberta Pharmaceutical Association Act, Dental Association Act, Marriage Ordinance Act and Vital Statistics Act.

Officers provided under the law are, Minister of Health, Deputy Minister of Health, Provincial Board of Health, Provincial Sanitary Engineer, five Provincial Sanitary Inspectors, Secretary of the Hospitals Branch, and Superintendent of Public Health Nurses. During the past year, approximately $100,000 was appropriated by the province in hospital grants, and every possible effort is being made to provide for the physical as well as mental wellbeing of Albertans.

The Honorable A. G. Mackay, M. A., K. C., Minister of Health, thus briefly sums up the intent of these measures, coincident with other constructive measures passed and enforced by the province:

"The position taken by the government is, that no settler should be induced to become a resident of this province unless the province is prepared to follow immediately with a school in which to educate his children, a highway upon which to reach his market, and, last, but, by no means least, a hospital where he or any member of his family may receive proper attention in case of accident or ill-health.

"Frontier settlers must be provided with hospital accommodations; and, particularly in maternity cases and other cases that can be predetermined, the province must bring the patient to the hospital. Where the settlers are poor, as settlers on the fringe of settlement often are, it will be the duty of the province to provide the conveyance and pay all necessary bills and expenses."

Brought right down to brasstacks, the broad principles of this Public Health Act are, that every life saved in Alberta is a citizen preserved, and that the potential value of a baby is entirely too high to be regarded lightly in a growing country. Further, the act is so drawn that, instead of the provincial government demanding that the districts perform certain work, each district offers and agrees, for the sake of its own wellbeing, to contribute to the safety and welfare of the province.

In order that that point may be emphasized, and to the end that public opinion may be strongly behind the movement, with no uncertainty regarding the will of the district, the law requires that the scheme must carry by a vote of two to one. The municipal councils having jurisdiction in the proposed district, select the representatives for the Hospital Board. That Board chooses the site and prepares the allotment to be apportioned against each section of the district.

Any district may appeal from this allotment or from the site tentatively chosen to the Public Utilities Commission, and this commission, after careful review, either confirms or alters the proposals of the board. When that is complete, the board proceeds with the erection of the hospital. Annual apportionment of expense maintenance is made by this board, chosen annually by the people of the district, so that the whole proposition is under direct control of the people, with government supervision, in like manner as the public school system.

Influenza: A Resumé of Its Treatment

By A. S. TUCHLER, San Francisco, California

EDITORIAL COMMENT.—Doctor Tuchler's confidence in handling influenza cases is the result of meeting definite indications as they are met with in the clinical picture. It will be seen that he pays little attention to the name of whatever disease may confront him, but, rather, to the conditions found in the patient. This, after all, is the most promising mode of procedure.

THE influenza epidemic of 1918 failed to disconcert or to cause any consternation among the Eclectic physicians in regard to its treatment; nor can the present epidemic be said to have done so.

I remember well the unique literary contribution of Doctor Cooper to the *Gleaner*, in the latter part of the last century. He found that bryonia and gelsemium were particularly indicated in influenza, then

called the "Russian grip." This was in 1898. These two remedies are just as important in this disease today. The specific indications of pathological conditions for the use of these remedies are the same at the present time as they were then, and they will be the same when you and I shall have gone to our eternal rest.

Definite Indications

There is no need of guesswork, as to what to prescribe, to one who is trained in Eclectic medicine. My experience with this method of practice, since 1890, has enabled me to obtain 99 percent of cures, and, that, without much extra worry or study, but, simply by putting into practice the principles that had been inculcated into me through early teachings, and through study since that time. This is not said in a spirit of braggadocio, but, merely, as a plain matter-of-fact statement.

In another article, I have stated the course of treatment pursued by me in this disease, but, it will bear repeating. The most important remedies that were called for were, eupatorium, bryonia and gelsemium, with aconite or veratrum, as indicated by the pulse and temperature, as well as an acid or alkaline remedy, as suggested by the tongue and mucous membrane.

I have found that the following prescriptions were suggested most forcibly. Although I am not in favor of routine prescribing, I found that these combinations were most generally required:

1. Spec. med. Aconite.....10 drops
   Spec. med Gelsemium.....20 drops
   Water ..... 4 ozs.
   S. Give one teasponful every hour.
2. Spec. med. Bryonia.....10 drops
   Spec. med. Eupatorium.....60 drops
   Water ..... 4 ozs.
   S. Give one teaspoonful every hour.

These two prescriptions are to be given alternately, every half hour, while the intervals between them can be lengthened, as improvement is noted.

For the cough that, later, is very annoying, I order:

Ammonium chloride ..... 1 dram
Spec. med. Sanguinaria .....10 drops
Spec. med. Lobelia .....30 drops
Spec. med. Drosera .....60 drops
Syrup of wild cherry..... 4 ozs.
S. Give one teaspoonful every two or three hours.

This is very soothing where the bronchial irritation is severe and the cough is dry and harsh.

Absolute rest in bed is insisted upon; also, a liquid diet and plenty of cold water to drink. The bowels are to be kept open daily.

In an elderly gentleman of 69 years, this line of treatment enabled me to restore the condition to nearly normal in four days, when the most unexpected happened: I saw him one afternoon, when the temperature was only 99° F.; informed him that it would be normal the next day. That evening, at about 6 p. m., he commenced to expectorate mucus, slightly tinged with blood. By 11 p. m., the color was quite profuse. The pulse was full and bounding, at 110, and the temperature was 102° F. I prescribed:

Spec. med. Veratrum ..... 1 drachm
Spec. med. Bryonia .....20 drops
Water ..... 4 ozs.
S. Give one teaspoonful every 15 minutes throughout the night. As the temperature recedes, the intervals between doses are to be lengthened.
Also
Strychnine Arsenate, gr. 1/128, every hour.

In twenty-four hours, the red-colored mucus began to clear up and the temperature and pulse were nearly normal. By the fourth day, he was sitting up in bed, without any weakness or debility.

There was no guesswork indulged in as to what to prescribe; the scientific application of remedies, according to Eclectic teachings, aborted a clear case of pneumonia in the first stage and brought about a prompt recovery.

The Non-Surgical Treatment of Goiter

By F. D. PATTERSON, M. D., Colorado Springs, Colorado

WITHOUT attempting to go into the etiology of goiter, I wish to outline a course of treatment that, in my own experience, has yielded very satisfactory results. Most of the goiter subjects are women, and there is, usually, also present some closure, displacement or laceration of the uterus. The terms simple and exophthalmic as applied to goiters are only relative, as there is no sharp dividing line between these two conditions, and a simple goiter can, from neglect, gradually assume the exophthalmic type. Though the commonly accepted mode of treatment is surgical, still, there are patients whose heart action hardly is of such a nature as to justify either the anesthetic or the shock of the operation; likewise, there are patients who object to undergoing such a dangerous procedure. Not every operation for goiter is successful, as myxedema is liable to follow, or, on account of the involvement of the superior and recurrent laryngeal nerves, the functions of speech and of deglutition may be seriously affected. Furthermore, it is possible for a goiter to recur, even after an operation, for, a minute portion of the original growth, being retained, may assume marked activity later.

Contrary to appearances, the thyroid gland is not located superficially, its coverings being, the skin, the superficial fascia, the platysma muscle, the deep fascia, the omohyoid, sternohyoid and sternothyroid muscles. Therefore, it is ridiculous to suppose for an instant that ointments of iodine preparations alone would be of much avail in arresting or in curing this glandular enlargement. In normal conditions, the thyroid gland has two lobes, each about two inches in width and about an inch in depth, separated by an isthmus; but, in goiter, not only the lobes but also the isthmus may become so greatly enlarged that the entire space between the two sternomastoid muscles may be taken up with the growth, which may extend also up to the angle of the jaw.

Treatment Employed by the Author

The methods of treatment that I have successfully resorted to have been, cataphoresis and the hypodermic method or, preferably, a combination of the two. Owing to the action of the negative pole on the heart action, tending to increase the already too great frequency of the pulse, through the pneumogastric and the sympathetic, that pole should either not be used at all or with the greatest caution, with the finger on the pulse during the treatment, in cases of exophthalmic goiter. The pole to be used depends, of course, upon what the medication is that is to be administered by this method. If any iodine preparation is to be used and is to penetrate the gland, it is to be used with the negative pole, as all acid elements have to penetrate the tissues, in seeking the positive pole. If any of the metallic elements or alkaloids are the therapeutic agents employed, the positive pole is the one to be utilized so that these substances will in seeking the negative pole go through the affected tissues. If in doubt as to the polarity of the galvanic apparatus, that can be settled by means of a solution of potassium iodide on blotting paper. If the cord tip from the positive pole is applied to this, there will appear on the blotting paper a stain of iodine. If cells are used instead of a transformer, no mistake can be made if the cord from the positive pole of the wallplate is connected with the carbon at one end of the series and the negative pole of the wallplate with the zinc at the other end.

If the glandular part of the growth especially is to be attacked, some iodine preparation should be administered from the negative pole. About as strong a solution as the average patient's skin will endure is, about one part in four of Lugol's solution and a current-strength of from ten to twenty milliamperes. After ten minutes of such a treatment, the cotton on which the solution is placed on the side next to the electrode is nearly or completely discolored. If the Lugol's solution causes too much discomfort, a dram of potassium iodide to the ounce of distilled water can be used instead. Tincture of iodine or any other alcoholic preparation should not be used,

owing to the resistance of the alcohol to the current. The indifferent electrode is preferably a small wet pad placed at the back of the neck, whether the patient is sitting or in the recumbent position, and steady pressure must be maintained in order to prevent the unpleasant experience of unsteadiness of the current. The negative pole also softens up the tissues, drawing fluids to it and decomposing the hard structures.

Thiosinamine is Useful

The positive pole, which drives in the basic elements and hardens the tissues, has the reverse effect to that of the negative, thereby slowing the heart-beat. In goiters, where it is desired more specially to attack the cicatricial rather than the glandular elements, the line of treatment is, the administration of thiosinamine from the positive pole. With this chemical, an electrode as nearly non-corrosive as possible should be used, as, with the thiosinamine, salts of the metals composing the electrode also are driven off from the positive pole, and these greatly interfere with the action of the thiosinamine. The least corrosive metals are platinum and tin and they are, therefore, the only materials out of which electrodes can be made that are used in administering thiosinamine. With the positive pole, the patient usually can tolerate a somewhat stronger current than with the negative.

Not only in goiter, have I thus used thiosinamine cataphoresis successfully, but, also, in laceration of the cervix, in ulcer of the stomach and in cicatricial tissue in whatsoever part of the body.

Owing to the need of using large quantities of oil of mustard for making German gas, last year, there was little left for making thiosinamine, and for a while I was afraid that the latter could not be obtained; therefore, I set about experimenting with the cataphoretic use of chromium sulphate on some scars on my arm, using a solution of a 4-grain tablet to 4 drams of water, and I was gratified when it did lessen the size of the cicatrix decidedly. However, I wrote to the Mallingkrodt Chemical Works to find out the true situation and was informed that they still made thiosinamine but that the materials were extremely scarce and high. By ordering a month or two in advance, I have, from time to time, been able to get an ounce for five dollars, which, before the war, could be had for forty-three cents. However, an ounce contains material for many treatments. The solution I have been using has been something like this:

Thiosinamine	45 grs.
Sodium chloride	5 grs
Glycerine	2 fl.-drs.
Distilled water	6 fl.-drs.

Thiosinamine will dissolve even in stronger solution if gentle heat is applied. Sometimes, in the same patient, the indications call for thiosinamine applied with the positive pole and, sometimes, some iodine preparation is to be applied with the negative pole, depending on the relative growth of the cicatricial and glandular elements and the frequency of the heart's action; it being borne in mind that the positive pole tends to make the pulse fuller and slower while the negative pole has just the opposite effect. Also, while the negative pole, like thiosinamine, tends to disintegrate cicatricial tissue, its action does not stop there but also attacks normal structures.

After a few treatments of the combination of iodine preparations and negative galvanism, the skin becomes abraded and the neck sore, as both of the above are extremely irritating. Without some artificial aid, the treatments cannot be given oftener than every second or every third day. When a patient comes from a distance and where every day away from home counts, it is essential that the treatments be pushed. In order to do so, even if it is not my custom to resort to the use of proprietaries, I have done so in these instances, using a bland combination of hydrocarbons, which always has served this purpose most admirably. I refer to Dionol Ointment, even though this remedy has been condemned by the Council of Pharmacy and Chemistry, in the *Journal of the American Medical Association*. It is advertised to the profession on the startling theory that the nerves of the body are electric wires; that, in acute inflammation, the insulation is destroyed, and that Dionol restores the defective insulation. However, it seems to have much the same effect as if that theory were true, in the majority of cases. It must be carefully handled, as contact with metals and chemicals is supposed to destroy the peculiar electrical properties attributed to it. If one places a little of this ointment on the thin skin at the side of the fingers and notices a mild

tingling sensation, that is fairly good proof that the sample of Dionol is somewhat different from ordinary petrolatum. Also, the fact that the copper-colored metallic tops of the jars of that ointment gradually fade, as they come in contact with the contents, leads one to suppose that it possesses peculiar properties unknown to any but the manufacturers.

If the iodine cataphoretic treatment is given in the morning, the chemicals are as much as possible washed away and the ointment applied. The first application of the ointment does not do the good that the subsequent one does, as, at best, there still is more or less of the chemicals present to interfere with the action of the ointment; but, upon making a second application at bed-time, after removing the previous one, the patient is invariably in a condition to receive another iodine cataphoresis the following morning.

If the goiter is not very large, the use of cataphoresis by the various chemicals above described will usually suffice after a period of two months. An alternation of the combinations, positive galvanism with thiosinamine and that of negative galvanism with iodine usually is preferable to either line of treatment alone.

The Electric Needle

In case of resistance to such treatment or of relapse after an apparent cure, or if the goiter is of considerable size, the use of the electric needle is imperative. One can tell whether the needle is in the growth, or not, by instructing the patient to swallow. If the needle is in the growth, it will rise or fall with the motion of the larynx. If it does not, it is not in the growth. Toward the end of the treatment, more or less swelling occurs which in great measure resembles the original growth, but which is readily reduced by thiosinamine cataphoresis.

One always must bear in mind that sometimes a minute portion of the thyroid gland may, later on, assume an active growth, even though the patient has been operated on, so, after any mode of treatment, the patient should be dismissed provisionally, being instructed to return immediately in case the growth should assume activity. Last summer, I had such an instance, the neck looking perfectly normal after treatment. In about a month's time, the patient returned, and I began to use the electric needle with the negative pole. After five or six weeks of this treatment, the growth was absolutely killed and the patient went home. That was a year ago, last October, and, although I have heard from her up to date, there has been no return of the growth.

It is to be remembered that, unlike the positive pole, the negative has no germicidal properties whatsoever. On the contrary, it tends to favor bacterial growth, so, before using any needle electrode, it must be sterilized as thoroughly as if it were an instrument to be used in an abdominal operation. With the pad as an indifferent electrode placed in any convenient locality, the needle can be inserted and the current turned on. Before doing so, the parts should be anesthetized. A convenient mode is, the use of a 10-percent solution of cocaine, administered from the positive pole, at about 10 milliamperes, for ten minutes.

The strength of the current tolerated with the needle varies in different patients and, in the same patient, with the portion of the growth to be treated. If the growth is large and is treated through the isthmus, the patient will readily take 20, 30 and, sometimes, 40 milliamperes, but, if the needle is inserted down into the lobes amongst the fibers of the branches of the cervical plexus and the pneumogastric, 5 milliamperes usually is about the limit of toleration. When the growth is less sensitive, an electrode larger than the one commonly devised for this purpose can be used. In the isthmus, especially, a medium-sized trocar can, with the use of a connector, be converted into a perforating electrode and the greater size hasten the disappearance of the growth correspondingly. Another very valuable instrument which can readily thus be converted into an electrode is the intrauterine sound. This instrument not only is of use in gynecology, but, also, has proved to be a good Eustachian sound and electrode in catarrhal deafness and, in goiter, where the opening into the growth has been made sufficient to admit such a sound, cotton with full-strength Lugol's solution can be fastened onto it, and the medicine thus be administered from the inside of the growth. As will be noticed, though the skin only tolerates a one-fourth strength of the

Lugol solution, the inside of the growth tolerates the drug in full strength.

Precautions to be Taken

In inserting any kind of a puncturing instrument into the neck, great care must be exercised to avoid the common carotid artery which bounds the thyroid gland on its external border. When treating the external portion of the gland, the needle should therefore always be passed from the outside inward. Also, one should bear in mind the possibility that the aortic arch or the innominate artery might be located abnormally high in the neck. The superior thyroid artery enters the thyroid gland at its upper surface and sends down over the anterior surface several branches, which fortunately are small. By most careful attention to pulsating areas, the use of the needle need not cause any trouble. There is no need of being alarmed at venous hemorrhage, which, on account of the net-work of the thyroid plexus of veins, may occur anywhere in the gland where the growth has not been killed. Also, no harm comes if a needle of ordinary dimensions should go through the thyroid gland into the esophagus. It is important that the deeper portions of the thyroid should be attacked, and, as long as one avoids the great vessels, he need not look for any trouble.

The needle electrode with the negative pole evolves much hydrogen gas, which escapes from the same or from adjacent openings or causes tension on the inside. After using the needle and squeezing out some of the excess of gas, if any is present, I have injected hypodermically a solution made as follows:

Pure carbolic acid ..... ½ fl.-dr.
Distilled water ..... 1 oz.
Dissolve and add
Pure glycerine ..... ½ fl.-oz.
Shake well and add
Tinct. iodine ..... 2 fl.-drs.
Mix.

For the deep portions of a large gland, the long needle of an aspirator is used for this injection rather than the small hypodermic needle; the needle of the syringe being inserted into the opening made by the electric needle. Sometimes, a patient will tolerate two electric needles at one sitting or will consent to two or three changes of the needle at the same sitting. By repeating this process, the gland will completely disappear in a few weeks or months. Sometimes, the whole front of the gland will slough out leaving a cavity to heal by granulations. In large goiters, after the growth is sufficiently honeycombed with repeated treatments of the electric needle, the growth can be packed with iodoform gauze and the packing kept in during the interval between treatments, the patient being instructed to come twice a week. In the interval, the gauze assists in the destruction of the diseased tissue.

Internal Remedies

The treatment outlined in the foregoing is the all-important line to be considered, yet, sometimes, a little internal medication will help somewhat in the cure of goiter.

If the patient is receiving iodine preparations as above described, I usually give two 4-grain tablets of chromium sulphate internally, three times a day; or, if she is receiving thiosinamine locally, I give her either six to ten ⅓-grain tablets of iodized calcium or 1 or 2 teaspoonfuls of syrup of hydriodic acid internally three times a day. One must of course see to it that the liver, bowels and kidneys are acting properly. In acute cases of the exophthalmic variety, rest in bed and the avoidance of indigestible food and of hot drinks are imperative.

While the local treatment described is at best a long-drawnout process, still, in the long run, it is far more satisfactory than surgery, as remote portions of the gland can be reached better through the lymphatic channels than would be possible by means of surgery. Furthermore, the dangers of surgical treatment are avoided.

Children Thrive on Simple Diet

A Preachment on the Advantages of Monotony in Feeding

By THOMAS J. ALLEN, M. D., Eureka Springs, Arkansas

EDITORIAL COMMENT.—How would you like to live on bread and milk exclusively —possibly with the addition of cereals (brown rice) and fruit? Slightly monotonous? Yes, sir. Yet, Doctor Allen claims that these foods are all-sufficient—certainly, for children.

THE physician's services are so much more sought for the restoration of health after it has been lost, through ignorance or accident, that comparatively little attention has been given to the study of the means of maintaining health. An ounce of cure is worth a pound of prevention—to the doctor.

The apparent tendency of the times is, however, to change this. Many parents are coming to realize the fact that prevention is better than cure, and are devoting more attention to keeping their children well. This tendency has been much fostered by the work of the state boards of health during the recent epidemics of infantile paralysis and, more particularly, of influenza. The newspapers have published regular supplies of matter from their state and local boards telling the parents what to do to protect their children against epidemic diseases by increasing vital resistance.

As parents become better informed regarding the care of children, the physician is being more generally asked for advice on problems of prevention.

It is universally admitted that chief among the means of health preservation is, good feeding.

I was much impressed, at the time of the death of Dr. Waugh, with a suggestion of his, quoted in CLINICAL MEDICINE, that the physician should observe his own case closely and report the results, with suggestions from his personal experience that would be valuable for practice. From this means of increasing our knowledge, geriatrics has gained much, pediatrics very little—chiefly because, generally, a man is not "a physician or a fool before he is forty."

Advice based upon knowledge and experience gained during childhood would not, generally, be highly credited, yet, the most that I got from Roosevelt's autobiography was, his description of his experiences as a child. So, why should not the physician's observations during his own childhood and his experience in the care of his own children, be valuable? I have more books waiting for reading than I shall be able to take care of in many months, but, if I knew of a book publishing the suggestions of any physician's experience in the care of his own children, it would be read first.

Childhood-Reminiscences

I am not going to write a book on my experience as a child nor as a parent (I now have the continuous care of two children, 3 and 2 years old, whose great-grandfather I am old enough to be, yet, young enough to play with them with as much enthusiasm as I played back in the sixties) but, I wish to contribute a little that can not fail to be helpful.

I was placed in a Quaker boarding school, near Belfast, at the age of ten, where I remained for four years as pupil and for four as pupil-teacher; beginning there, by the way, the systematic study of medicine, under a preceptor, with such success that, at 18 I was able to get a teacher's certificate, in physiology, of South Kensington, London. So, I had a little more than ordinary interest in the health care of the nearly a hundred children there, meeting the house physician every time he called, during the last two years I was there, besides studying with the superintendent's son who was an instructor in the local university, medical department.

"Is oatmeal and milk sufficient for the breakfast of growing working lads?" a visitor asked.

"Yes," was Doctor Brownrigg's answer, "if they get enough of it."

I don't remember what food analyses we had then, except that there was a trustworthy analysis of cow's milk, and we knew the chemical constitution of the blood then almost as well as now; but, Dr.

Brownrigg had good common sense, as well as professional knowledge and ability. He knew that oats and barley almost exclusively had made "husky" thousands of lads, "beside the bonny briar bush," so that milk and oats could not fail to supply all a lad needs to do his best physical and mental work.

I have studied on that more or less, for forty odd years, more during the past twenty and I have reached some conclusions that could not be called hasty.

Advantage of Simple Diet

Excepting one death by accident and one due to an epidemic typhoid, which was promptly stopped by changing the water supply, we had not a single death during the eight years that I was in that school, the hospital wing of the building having been occupied but once; and it is significant that the victims of typhoid were, the assistant steward and myself who ate the 57 varieties at the officer's table, and, also, a fat girl who worked in the dining room and had the same advantage (?).

Now, a mortality of less than 1 percent will bear looking into. In Eureka Springs, we have a girl's school. I noted, in the president's report for 1918, that the health of the girls had been much above the average. Allowing for the benefit from residence in this health resort, the president said that the health of girls in boarding schools is always above the average and that the principal reason is, the plainer meals and absence of knicknacks.

Do these facts warrant the adoption of an hypothesis that a uniform diet is a large means of establishing immunity? Taken in conjunction with a dozen similar facts, yes.

The regularity of habits in such institutions is a large factor in the better health reported, but, the largest factor seems to be, the more uniform feeding.

The bill of fare at Brookfield School, Belfast, was: Oatmeal and milk for breakfast, with cocoa on Sundays; potatoes and milk for dinner; rice and milk, on Wednesdays and Sundays; wheat porridge and milk for supper, lunch of wheat bread at 3:30 p. m., after return from a long walk or from a football or cricket game. Rarely was there any variation from this uniform diet—I am now thankful to say.

While I was a pupil, I never was sick; when I was advanced to the officer's table, I began to have tonsillitis and severe colds frequently, and, finally, typhoid. From the age of twenty to forty years, I suffered tortures from tonsillitis and quinsy, especially in summer, and from neuralgia and dyspepsia. During that period, I was both omnivorous and carnivorous and a hog besides, in my eating. But, I woke up and discovered that variation in feeding is the largest factor in disease in general and cancer in particular. Since then, I have not been absent from my office, on account of sickness, for a day. Rarely do I eat more than three articles of food at a meal.

About 1880, the British Medical Association sent a committee to Cardiff to investigate the case of a six-year old boy of remarkable physical development. The only reason that could be assigned was, that the child had never had anything to eat but milk.

In June 1913, Clinical Medicine had an article by Dr. Atkinson, professor of children's diseases, commenting on the, then, recent discovery by the faculty of Rome that not so much bad feeding as variation in feeding is the chief factor in infant mortality. He quoted Professor Cooley to the effect that, often, even a slight change in the food precipitates a serious attack of infectious disease. This corresponded exactly with the results of my own investigation.

The Proof of the Pudding

In the February 1918 issue of Clinical Medicine, the photograph of my eldest child at nine months is shown. Till then, his feeding had been goat's milk; at one year, near-whole wheat bread (with 30 percent of white flour) was introduced. Since then, it has been this bread and cow's or goat's milk, exclusively.

This child, now three, is more than 2 inches taller than the average, his chest measurement is more than 2 inches over the average and his weight is normal. The second child is still more above the average. In the federal government examination, both children were reported much above the average, physically and mentally. They were the only children in our city that did not contract influenza during the 1918 epidemics. They never have been sick, except from poisoning due to eating fungus picked up from stove wood.

The younger child, now two years old, never has tasted anything but bread and

milk, and, of course, never has been sick a day, except once, from an accident.

A few years ago, Doctor Lowenstein reported to the Philadelphia Medical Society that, in a study of digestive disturbance, in children, he had found beef and milk incompatible. I have found that all foods are incompatible in varying degree, determined by the mode of digestion of each, time of digestion, and so forth and that the indiscriminate mixing of foods is extremely unwise. Bread and milk are the most compatible.

How any element of nutrition could be added to bread and milk by mixing meat or vegetables with the natural food of man, passes the comprehension of a trained thinker and research worker.

In the fall and winter of 1916-17, I had the care of a family of five children from Ottawa, Illinois, in my home, ranging from three to twelve years old, the eldest being treated for infantile paralysis. All were put on an ideal diet, raisins and figs being substituted for cane sugar, all fats but cream eliminated, the protein being obtained from milk and cereals including brown rice. The improvement in the health and disposition of each was remarkable, while the cost was reduced to half that of the average Illinois family.

Once, an ordinary mixed meal was prepared, after the children had become well adapted to the improved way. Ten minutes after eating, the boy (seven years old) became ill, lay down on his bed and, soon, vomited his dinner. Nature refused to tolerate such a meal as the average Illinois child gets daily, after having become accustomed to the better way.

I can furnish such a clinical illustration myself any time. Catharsis invariably follows my eating the average man's meal, which I do very seldom.

Fruit is our best class of food, but, mixed with milk and, especially, with flesh, it can not fail to do harm. How the inclusion of fruit or green stuff or meat or any other food can add anything, except trouble, to a ration of good bread and good milk, is more than I can understand. It is wrong in theory and proves wrong in practice.

Now, the average parent, who himself is a miscellaneous feeder will not take kindly to the idea of eliminating meat and fruit and sugar from the child's diet, but, the excessive incompatability should be reduced. When fruit is used, which is wholly unnecessary, it should be taken separately. It adds only what already is in milk and whole cereals.

Incompatibility is a vital question in the compounding of drugs; equally so is it in the combination of foods. The shotgun prescription, the hit or miss method, is no better in the one than in the other, in the long run.

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Since this article was written, an interview with Doctor Copeland, Health Commissioner for New York, was published, in which he says that one child out of every five is in such serious condition of malnutrition as to require immediate attention. Incidentally, he says that fruit juices should not be given at the same meal with milk, which statement constitutes a slight advance toward the recognition of incompatibility. However, Doctor Copeland says, also, that the diet *must* be varied.

Variety of scene, of muscular exercise, of play, of work, is necessary, but, variation of the diet is only less serious that any sudden change in any diet is generally admitted to be in the infant's ration. It is the imagination, the reason, that needs change.

We have, sometimes, given to our children properly cooked coarse-ground wheat (the only "breakfast food" that they have ever had); to them, it has served the purpose of the misfed child's different food. Other "goodies" they get in biscuit, which they help mother to make in little pans, and in the form of "baby bread" that they get by cutting the slices of the same good food into small squares.

Some weeks ago, they gradually lessened the amount of milk that they would take without urging: however, when rennet was supplied, they immediately called for more.

Too much bread tends to produce bowel irritation and excessive acidity of urine. We have now introduced raisin juice, for the morning drink. Raisins are far better for the child than any other foods carrying sugar, but, the young child will not chew the skins. Colandered prunes are good and so are good peaches. These children have had yeast regularly for over a year; which constitutes the best supply of vitamines, and is otherwise beneficial.

What Others are Doing

A GOOD METHOD OF GIVING DIGITALIS

A new method of administering digitalis is given by Dr. Harold E. B. Pardee in *The New York Medical Journal* for December 27, 1919. Whether it is particularly new or not, the reader can judge for himself.

According to the latest laboratory and clinical observations, it has been found that digitalis is more effective, in heart disease, when it is given to the point of saturation or, as it is called, digitalization.

When the patient needs digitalis, it is usually desirable to obtain the full therapeutic effect as soon as is reasonably possible. Even if the signs of heart failure are not of great urgency, it is certainly better to give the drug in such a manner as to obtain the effect in four or five days, than have a week or more elapse before the result of the treatment is known.

Start with a large dose on the first day, perhaps a half of the calculated average dose, which will be one minin of the tincture to each pound of the patient's weight, and then complete the course, with smaller doses, at four-hour intervals on the days following. If these smaller doses are each one-eighth of the remaining half of the calculated dose, they will vary from twelve to twenty-five minims, according to the weight of the patient. Given in this way, the average effective dose will be received within at least three days.

One precaution must always be taken: If digitalis is to be given in this way, the patient must not have taken any of the drug for a period of at least two weeks previous.

By the method outlined, the patient will have been brought to a condition of saturation with digitalis bordering on poisoning. The drug should now be stopped and the patient watched for a day or two to decide whether he has been benefited. If the heart rate is more nearly normal, the dyspnea less, the edema diminishing, the veins less congested, fewer rales at the base of the lungs, the patient's condition is improved. If improvement has taken place, it will do no harm to wait five or six days before resuming the digitalis. The patient may continue to do well without it.

In patients showing uncertain improvement after a thorough digitalization, it is advisable to repeat the digitalis, on the fourth or fifth day after it was stopped. Whenever it is decided to continue the drug, the nearness of the toxic stage must be taken into account and, if the number of days is small, small doses must be used. The patient is disposing of the drug all the time, but, only slowly, and, if the time since the digitalization is short, it will not take much to bring him again to the stage of poisoning. A dose of ten minims twice a day, beginning even as soon as three or four days after the drug has been stopped, because of signs of poisoning, will not bring any patient to the toxic stage again very quickly, no matter how slowly he may dispose of the drug.

It is to be noted that the tincture of digitalis will give about two drops to the minim, so that ten minims may be from seventeen to twenty-five drops, according to the dropper used.

OCULAR CONDITIONS AT CAMP LEE

Dr. C. A. Harkness, in an article in *The Clinique* (Nov. 1919) gives an account of the work done by the eye board at Camp Lee. The writer had believed that the examinations were merely a formality. He soon found out, however, that such was not the case.

It was not only necessary to detect those who were fit for service but also to find those who could be of value to the army, so that later they could not falsely claim to have been injured in the service and

thus be entitled to a pension or the payment of their insurance.

The requirements for acceptance for service, in the army, were that the vision should be not less than 20/100 in either eye, and that one eye should be capable of being corrected to at least 20/40. Even when the vision met these requirements, the examining board was allowed to use its judgment as to whether the applicant should be accepted or not.

It was found that, what was termed a high myope would have 20/100, or better vision without glasses, and would correct to 20/30, while those with only a small amount of refractive error would have 20/200 or 20/160 and could not even be corrected to 20/40.

Another thing commonly noted was, that the men who wore glasses had poorer vision without them than those not fitted. The vision would improve, however, on going without glasses for half an hour.

One interesting case was that of a colored sergeant from Chicago's famous Negro regiment. He had been in the National Guard for ten years, had been on the border for a year, and in the National Army for over a year. He had a sharpshooter's and expert-marksman's medals and, yet, he had only 20/100 vision in each eye. There was no refractive error. He neither drank nor smoked.

The diagnosis was "sun blindness". That is, the reflection from the sand in camp on the border and, later, at Lee, had produced a loss of vision similar to snow blindness, the only difference being that, in this case, there was no change in the cornea, while in snow blindness the cornea is partially destroyed by the flying particles of snow or ice.

One of the humorous cases was that of a Turk. He did not want to fight because he could not see. Light was very hard on his eyes. In fact, the photophobia was so marked, that he could not stand the light from the ophthalmoscope and closed his eyes so tightly that they could not be opened. He was referred to the base hospital for observation. After three days, he was anesthetized and the eyes opthalmoscoped. There was nothing wrong.

He was then referred back to the writer. His vision was tested again but he could not see, in fact, he claimed he could not read.

A sign was put on him saying that he was an eye faker, and he was compelled to stand at attention for two hours. He was then passed and mustered in. Two weeks later, he was back claiming, that he could not walk. The writer went over to him and said: "I am sending for the guard and will prefer charges, and send you to Leavenworth for ten years." Recovery was immediate and complete. He jumped off the table and ran downstairs to get his clothes. He gave no more trouble.

CALENDULA AS A WOUND DRESSING

There is a contributor to *Ellingwood's Therapeutist*, November, 1919, who makes the claim, that wounds will not suppurate if dressed with the nonalcoholic extract of calendula. Large burns that, under the use of carron oil, or linseed oil and lime water, soon became covered with pus, will remain permanently clean and aseptic if dressed with calendula and a saturated solution of boric acid.

AS TO CANCER

In *Public Health Reports*, August 22, 1919, allusion is made to a manual entitled "What We Know About Cancer". It is published jointly, by the American Society for the Control of Cancer and the Council on Health and Public Instruction of the American Medical Association.

A considerable number of malignant tumors are not recognized, by the doctor, in the early stages of the disease. A great many cancers of the rectum are treated as hemorrhoids for from one to six months. Uterine curettings are not properly examined.

The article referred to discards the parasitic theory of cancer. It states that it is not communicated from person to person and is not usually hereditary. Emphasis is placed upon chronic irritation as a direct or indirect predisposing influence to cancer.

The public is warned against quack remedies, patent medicines and the like. By these, the patient is induced to think he can be helped, and he is encouraged in that belief until he is past help from an oper-

ation and dies a lingering death in a charity hospital.

The book urges caution in cutting into carcinoma *in situ*, which, undoubtedly, adds to the danger of dissemination of the disease.

More than half of the book is devoted to a discussion of carcinoma of the different organs. For each of these are given, in concise form, the symptoms, differential diagnosis, the precancerous lesions, the standard operative treatment, and the results which may reasonably be expected.

This publication embodies the consensus of the best present-day medical opinions concerning cancer and physicians are urged to study it with care.

ABOUT AUTOSEROTHERAPY

In *Le Monde Médical*, October, 1919, Dr. Henri Bouquet gives his opinion of the treatment by autoserotherapy in private practice and as to the treatment of chorea in particular.

Here is the technic as established by MM. Alan Brown, E. Smith and Gordon Phillips. From the patient, 50 mils of blood are withdrawn. It is coagulated and centrifuged, the serum separated, and this serum is reinjected into the cerebrospinal canal. This acts, according to the authors of this method, by putting the curative antibodies in direct contact with the cerebrospinal centers.

The quantity of serum injected should be 15 to 20 mils, after withdrawing, by lumbar puncture, 20 to 25 mils of cerebrospinal fluid. The injection should be made slowly. After this small operation, the patient should not have solid food for twenty-four hours. The reaction is insignificant.

MM. Alan Brown, E. Smith and Gordon Phillips give the results in twenty-three cases so treated, which have furnished 77 percent of cures and 19 percent relieved. Three injections are necessary and at times more. Favorable results ensue in from one to three weeks.

All this is very interesting and seems extremely simple. But, from a practical viewpoint, can one judge in this way? Chorea is self-curative in a large number of cases. The only advantage, according to the originators of the method, is the rapidity of the cure. In the classic treatment, over three weeks are necessary for the cure.

This treatment might work wonders in a well equipped hospital with a numerous personnel; in private practice, though, not so well. A lumbar puncture requires scrupulous asepsis and some skill. The effect on the family, the resistance and cries of the patient, all are unfavorable. There is a tendency to make use of lumbar puncture only where a diagnosis is necessary or where it is the only avenue of treatment. It is better to limit grave remedies to dangerous diseases, and to use them only when simpler remedies will not avail.

OCCULT TUBERCULOSIS

A large group of patients suffer symptoms from a tuberculosis infection that is non-progressive. The symptoms are due to a subtle intoxication which undermines the functional powers and coordination of all vital tissues. This condition Sewall, of Denver, (*Amer. Rev. of Tub.*, Jan. 1920) refers to as "occult tuberculosis." As a rule, the patients are not definitely sick. There is a general functional insufficiency with lack of staying power that is brought out by slight physical strain. Neuralgic pains, headache, dizziness, undue fatigue, and nervousness are common symptoms. In women, menstruation is apt to be scanty or is frequently missed. The temperature, usually is not elevated but may rise slightly after exercise. The lungs are rarely suspected, but, they give auscultatory and x-ray evidences of slight sclerosis involving especially the hilum lymph nodes and the upper bronchial radiations. The symptoms may be traced to circulatory or harmonic insufficiency. Many of these patients probably have been classified as belonging among the cases of "effort syndrome" or "neurocirculatory asthenia."

The most valuable objective sign of occult tuberculosis is, the reaction of the blood pressure to slight strain such as changing from the supine to the erect position. Most of these cases have vascular hypotension, while the most insignificant feature is, an abnormal lowering of pulse pressure and its tendency to progressive subsidence when the erect posture is assumed. This may be due to the inordinate fall of the systolic or the rise of the dias-

tolic pressure in the upright as compared with the recumbent position. This pressure change is not specific of occult tuberculosis but, after exclusion of "focal infection," it should suggest this condition and lead to the application of diagnostic method, especially x-ray photography.

CHRONIC GASTRITIS

Dr. Percy F. Lisk of Fort McCoy, Florida (*Ellingwood's Therapeutist*, Nov. 1919) gives a treatment for chronic gastritis, with which he has had great success.

He uses fluid-extract of geranium and fluid-extract of condurango, ten to fifteen drops of each, alternately every two to three hours. If there is much pain, of a dull grinding character, after the taking of nourishment, fifteen drops of fluid-extract of eucalyptus are given with each dose of geranium. If an ulcer is present, the combination is supplemented with three to seven grains of bismuth subnitrate.

The writer claims to have entirely relieved several cases of gallstones with the following prescription:

℞ Sodii salicylatis
Sodii oleatis.....aa grs. 1 1-2
Sodii choleatis..... gr. 1
Phenolphthaleini .... gr. 1-3
Mentholi ..... gr. 1-10
M. Ft. one tablet

The dose is, from two to five tablets taken on retiring at night, and the first thing on rising in the morning, with one-half pint of water as hot as can be borne. It is to be used with alkalies or acids, as indicated by the tongue, and combined with digestives at meal time. The treatment should be persisted in for at least twelve months. Relief generally is obtained in three to five months. One must persist in this treatment even if the patient has continued attacks of colic and is inclined to believe that he is getting worse. This treatment will give relief in a large proportion of cases of gallstones and may obviate the need for an operation.

QUININE IN LARGE DOSES IN MALARIA

Alport found that his results were uniformly good when he used quinine in sufficiently large doses and claims that the dosage is the only secret of the treatment. Using the bihydrochloride because of its great solubility, he administered it intravenously, intramuscularly, and by mouth in doses up to 100 or 120 grains a day when the need was urgent. The remarkable success of the treatment is indicated by the fact that thirteen cases of cerebral malaria occurring in 2,000 cases of the disease, all recovered, though the mortality before that time had been as high as 57 percent. His story is backed by numerous case reports and a number of photographs. He confesses his inability to affect the crescents of estivoautumnal malaria with any treatment which he tried. These results conform with the most recent publications from this country which also insist that quinine is the only drug needed to bring about a cure in malaria and that its intelligent use will practically always be crowned with success.—*Medical Record*, July 26, 1919.

THE TREATMENT OF WOUNDS WITH DICHLORAMINE-T

In an interesting article on the treatment of wounds by modern antiseptics, by Dr. Joseph C. Scott, of New York City, published in *The New York Medical Journal* for October 11, we find the following facts relative to dichloramine-T which, as the writer says, was introduced by Dr. H. D. Dakin. This substance is a synthetic chemical derived from toluene and containing 29.5 percent of chlorine. Chemically, it is para-toluene-sulphone-dichloramine. While it dissolves in other substances, the solvent of choice is the oil prepared by Dakin, called chlorcosane. This is a liquid paraffin which has been saturated with chlorine.

Dichloramine-T solution is prepared by dissolving the drug in warm chlorcosane, in proper proportions.

The advantages of dichloramine-T, as given by Doctor Scott, are as follows: Its prolonged action on a wound and its thoroughness in destroying microorganisms, the chlorinated oil giving up the chlorine antiseptic slowly but surely, so that its action is continuous for about twenty-four hours. This action is in contradistinction to most aqueous antiseptics which are immediately diluted by the serum and wound secretions and become inert and powerless almost immediately after application. The use of dichloramine-T also is economical,

as large amounts of solution and large dressings are unnecessary, and the short time it takes to dress the wound, as the dressing seldom sticks to the wound, is a great saving for the doctor. The other advantages lie in the rapidity of its action, the decrease and prevention of secondary infection, and the possibility of previously-infected wounds being sutured long before it would have been possible with the ordinary antiseptics.

It is applied as follows: Remove all foreign matter as well as all devitalized necrotic and loose tissue from the wound. Wash the wound with a neutral soap and dry it thoroughly by fanning, with a therapeutic lamp, or the application of ether. Always keep in mind the fact that alcohol, iodine, bichloride, or other aqueous solutions in the form of wet dressings must not come in contact with the wound, as they decompose the dichloramine-T and form hydrochloric acid, which is irritating to the wound. A piece of specially prepared waxed mesh-gauze should be placed over the wound to prevent the dressing from sticking. The dichloramine-T is applied over the gauze with a medicine dropper, a swab, a pipette, or an all-glass atomizer which sprays the liquid evenly, deep into the wound. This last method is greatly to be preferred as it is absolutely painless. If the solution is too thick for spraying from an atomizer, add 10 per cent in volume of carbon tetrachloride just before the oil is sprayed. Old and decomposed solutions are irritating and must be avoided.

EMETINE IN FEVERS

In the *Texas State Journal of Medicine*, (Aug. 1919) is a very suggestive article by Dr. Alex. W. Acheson, of Denison, Texas, on the use of emetine in a number of cases of prolonged fevers, that would not yield to any other treatment.

Doctor Acheson was impressed with the fact that emetine had been used with great success in amebic dysentery. Not only were amebic infections cured within sixty hours, but hemorrhagic cases were relieved, and pain, tenderness and fever were stopped.

In *Progressive Medicine*, for December, 1915, Schnitter is credited with the cure of six cases of sprue by the use of emetine.

In 1915, Doctor Frazier reported eighty cases of typhoid fever treated by emetine, in only six of which did the fever run longer than four days.

In view of these facts, the author determined to try out emetine in his own practice. He gives reports on six cases of prolonged fevers. All of the cases were first treated with the regulation treatment (calomel, quinine, acetanilid, hot drinks and restricted diet) but, with no tangible results. One case was that of relapse from influenza or what purported to be such.

One case is described because it is more or less typical, in so far as results are concerned. The symptoms were, nausea, universal pain, palpitation, dyspnea, torpid secretions, with a temperature of 103° F. and a pulse of 114.

For five days under the ordinary treatment, there was very little improvement. On the sixth day, emetine was given, 1/16 grs., three times daily, increasing to four times a day on the seventh day, and, on the evening of that day the fever was gone. In the other cases, similar results were obtained.

The author remarks that he derived the greatest benefit in those long-drawnout fevers that resisted ordinary treatment. He believes that these prolonged fevers are due to what he terms "cutis exhausta," or, in plain terms, skin fatigue.

This needs some explanation. Through a long-continued spell of hot weather, the two and half million sweat glands have been working day and night in an endeavor to keep down the temperature of the body. Finally, they function imperfectly until the nervous supply becomes deranged and the remedies you depended upon no longer act. You have then what may very well be called "skin fatigue."

In the course of his practice, the author found it particularly hard to treat fevers after a prolonged hot spell in summer. They remained at a standstill, hovering around 101°-102° F. for days at a time. Suddenly, a rain storm would intervene and, in thirty-six hours, every patient's name was marked off the visiting list.

Now, what is in a rain storm to influence the course of a fever? Certainly, Doctor Acheson opines, something to modify the action of the skin and sympathetic nervous system, and that is where the desirable action of emetine comes in—in its influence on the skin, the largest organ of the body.

Let's Talk it Over

Planning for That Automobile Vacation Trip

THAT AUTO-TRIP—CAMPING

REGARDING request for information as to that automobile trip, allow me to suggest the Adirondacks, following any good roads as laid down in maps. This has the advantage of an almost continuous trip (without getting on unimproved roads), fine scenery, many historically interesting points, the opportunity to swim in a different lake every day and, curiously enough, very few bad grades. Boat trips through the Thousand Islands from Alexandria Bay (2—3 hours), on Lake George (all day for round trip), et cetera, are beautiful, and moderately priced for passengers, while all boat transportation for autos in that region is expensive.

Here is a suggestion for those that prefer camping trips. By shearing off the bolts of the front seats of a Ford Sedan and substituting ordinary bolts, the seat backs can be let down to the level of the back seat, using a long nail or other rod for this position and supporting them in any convenient way, as, by a cross piece on top of a starch box available for accessories. The gaps may be covered with pieces of orange box. It is best to use a mattress that can be rolled but is thick and firm enough to make a good bed with blankets. All bedding required can be made into a roll that will stand on one-half of the back seat. With a flash light and a curtain run around the front of the car, one has a more comfortable lodging than in a sleeping car and is independent of weather, although, when it rains, it requires some agility to dress and pack the bedding without getting out of the car. All necessary cooking apparatus and, even, supplies (excepting such as are bought from day to day) can, if properly nested, be carried in a large carton or box fitting under the right front seat.

A. L. Benedict.

Buffalo, N. Y.

THAT AUTOMOBILE TRIP

Our answer to "I accept—Thank you", on page 81, Clinical Medicine for February, is: Come and see.

Drs Church and Church.

Fort Davis, Texas.

[That puts it squarely up to us, does it not? Anyway, the laconic, cock-sure, confident way in which the invitation is couched arouses our wish to visit our Texas friends. We may do so, "at that".—Ed.]

VACATION TRIPS IN VERMONT

In an editorial (Feb. issue, p. 81) the doctor asks for an invitation to some place where he can get a "run for his money" when he seeks a few weeks' diversion from his arduous work.

We invite him to Vermont, thinking that we can fill the bill. Any part of Vermont will furnish all the doctor asks for, but, we invite him to the northern end of Bennington County because we have the goods.

We need not dwell on the question of scenery because, everybody knows, we have that. We will tell something about our roads, though, because many people have the impression that Vermont roads are bad. There are very good trunk lines of travel in the summer when our gravel roads have a resiliency that the hard surface roads do not possess. The beauty of Vermont roads is, that the old town sys-

tem of road building has resulted in good, comfortable roads which spider-web the whole country. One may go anywhere in a car; to lake and mountain top and in all the by-ways which a true lover of nature enjoys. From the many hotels and boarding houses that afford accommodations for all kinds of pocket books, one may take short trips for lake and stream fishing, or for any kind of an outing, including golf, tennis and other sports. If you want to see a good ball game, a short run will take you to an occasional semi-professional game.

We know that the Doctor will meet some "real folks" in Vermont too, and that he will not complain of his welcome. He may secure some very fine booklets on Vermont scenery if he will write the Secretary of State at Montpelier.

If the Editor will not think we are trying to impose an advertisement on him, I will suggest that the Manchester, Vermont, Board of Trade will be glad to be of help to any weary doctor who wishes to go to Manchester, or to any of the many nearby resorts.

H. W. Eliot.

Manchester, Vermont.

[That sounds very attractive. This editorial writer remembers, with much pleasure, a trip through the Green-Mountain State, many years ago. It was wonderful. With good roads and ample accommodations, Vermont ought to be able to offer rest and recreation to many weary wayfarers. Who is planning to go there?—Ed.]

AN INVITATION TO COLORADO

In regard to your suggestion for an auto trip, I want to say: Come to Denver, thence to Pueblo, Alamosa, through the wonderful San Luis Valley, over Wolf Creek Pass to Pagosa Springs. Then, on to Durango and the Mesa Verde ruins around by Ship Rock and the Indian schools and return by the Grand Canyon through Canyon City and Colorado Springs to Denver.

This is a wonderful trip, embracing plains, valleys, mountains, cliff-dwellers' ruins, the most wonderful hot springs in the world, and good roads and fine fishing. If you want more details, I shall be glad to give them. You can't beat it in Switzerland or in any other place in the world.

A. J. Nossaman.

Pagosa Springs, Colo.

AN OPEN PRACTICE

Through the courtesy of *The Literary Digest* (New York), we are enabled to print the following communication from Mr. Ralph S. Clark, manager of the Werner Land and Cattle Company, at Werner, North Dakota, relating to what seems to be a splendid opening for a good, lively physician. Mr. Clark's letter is as follows:

"Our community is one of those where there has been no doctor since 1918, neither do we have a drug store, and we believe that there is an opportunity here for a man willing to locate in this community.

"Werner is a small village of about three hundred people. The surrounding territory is one of the best farming districts of western North Dakota. There are being opened up, at this time, in the vicinity of Werner, coal deposits where from one hundred to three hundred men will be employed the year round. New telephone lines and mail routes are being established, and good roads are being built. Land is selling at from $35 to $50 per acre.

"We can offer a doctor a building in which to establish a drug store, a place to live and can assure him that he will find this a good opening.

"We would thank you for calling this to the attention of doctors who may correspond with you in answer to your article."

Ralph S. Clark.

Werner, N. Dak.

HE WANTS A COUNTRY PRACTICE

I noticed an article in Clinical Medicine for February (p. 81) in regard to city physicians exchanging with country physicians wishing to go to the city. I, myself, prefer a good country practice and am, therefore, asking you to inform me of one having electric light, good roads and modern conveniences. My last two years have been spent on the medical staff of the State Hospital, at Kankakee, Ill., and, at the present time, I am on my vacation. I am a married man with one child of school age, so, good schools are to be considered. I do not care to continue work

with mental and nervous diseases and hope that some opening in the country may be available.

J. W. Robinson.

Odell, Ill.

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[This is one of many requests that have come to us since the publication of that article in Clinical Medicine for February.

The paragraph in question was written in the optimistic expectation that physicians throughout the country would cooperate with us. However, we seem to have been in error.

The idea is simply this. If a physician knows of a good opening anywhere in his neighborhood, he would confer a favor on some colleague if he would notify us of that fact, giving particulars as well as he can. Likewise, physicians who would like to change their location should inform us. We could then have a list both of offerings and demands, and in this maner it would be possible to benefit a good many of our colleagues.

We can do so, however, only with your cooperation. Otherwise, we naturally can not be of assistance.

Now, then, if you know of a practice that goes begging for a physician, if you know of a good field for a practitioner, especially in the country, won't you tell us?—Ed.]

A GOOD LOCATION

Here is a good opening. We are informed that Omaha, Illinois, with a population of six hundred, has no physician, Doctor Glass moving away on account of his wife's health. In times past, this place had two doctors. It is from twelve to fifteen miles from Shawneetown on the Beardstown-Shawneetown branch of the B. and O. S. W. R. R. If the location has not yet been snapped up, we hope that the information may be of service to some physician.

DOCTOR EMORY LANPHEAR

We have but recently received the news that Emory Lanphear had, last February, succumbed to a protracted illness. Doctor Lanphear had been a prominent surgeon in St. Louis where he had practiced for twenty-five years. About two years ago, increasing ill health made it necessary for him to give up his large practice and to move to a citrus farm, near Tampa, Florida.

Doctor Lanphear became associated with The American Journal of Clinical Medicine when the old Alkaloidal Clinic assumed its present name, namely, in January, 1906. He conducted the surgical

department of Clinical Medicine and edited the surgical contributions. We find his name included as a member of the editorial cabinet until and including the volume for 1909. Doctor Lanphear was an accomplished surgeon and a generous physician; his desire being not, to execute so many surgical jobs but, rather, to benefit those patients who were in need of surgical assistance, immaterial whether there was any compensation to follow or not. He was a keen observer and a clever operator. In personal intercourse, he was kindly and a devoted friend and a stimulating companion. Doctor Lanphear will be missed by many, but, the good work that he accomplished will live.

DR. ROBERT C. FORSYTH

Another devoted physician has paid the penalty of obeying the dictates of his conscience without refernce to his personal welfare. Dr. Robert C. Forsyth, of Kirkwood, Missouri, a good friend of ours, of many years' standing, a conscientious physician and a good man, fell a victim to his devotion to the work of caring for his influenza patients. Doctor Forsyth is not an isolated instance of the forgetfulness of

self which physicians manifest in the presence of serious danger to their charges. The influenza epidemics of 1918-19 and last January demanded numerous hostages from among the medical profession, and almost all of them succumbed because the unusual strain, both physical and mental, under which they had been, while caring for their patients, had lowered their own resistance so greatly that they could not fight the invidious enemy successfully.

While we consider it a matter of course that a physician should attend to his work, succor his patients and carry them through their serious illnesses without consulting his personal comfort, without reference even to the fact that he might possibly run risks or danger, we can not but pay tribute to those who make the supreme sacrifice. Truly, they are soldiers brave and true, as surely as were our splendid boys whom we sent abroad to help in the struggle against evil.

THE LATE DR. A. T. CUZNER

Only recently, information has reached us that Dr. A. T. Cuzner, late of Jacksonville, Florida, died last January, at his

home in Gilmore, Fla., having attained an advanced age of considerably over eighty years. Doctor Cuzner was well known to the readers of CLINICAL MEDICINE through his occasional writings, the most ambitious of which were, his studies in food economics that ran through more than twelve issues of the journal. Doctor Cuzner was a successful physician and keen observer, a good citizen and man. His memory will remain green with us.

RED CROSS NOTES.

Typhus Threatens U. S.—Unless the spread of the disease in Poland can be checked, there is a risk that a very serious epidemic of typhus will visit that country this winter, according to the report of the medical commission which the League of Red Cross Societies sent there this fall to investigate conditions. Great effort, therefore, is needed, not only to save the inhabitants of Poland itself, but also in the interest of Western Europe and America, for, it is within the bounds of possibility that a general epidemic may spread westward.

The American Red Cross, with an appropriation of $2,000,000 as a starter and a commission of over one hundred persons already at work, is preparing to carry on in thorough fashion during the winter, the work of bringing relief to the destitute people of Poland, and of fighting the epidemics, which it started last spring.

Antityphus Campaign Wins Russian Gratitude.—A resolution, recently transmitted through the Russian Embassy to President Wilson as President of the American Red Cross, expressed the gratitude of the people of North Russia and Siberia for the enlarged antityphus campaign which the Red Cross had recently undertaken. The resolution was as follows:

"The All-Siberian Union of Zemstvos and Municipalities, the All-Russian Union of Russian Zemstvos, and the All-Russian Union of Municipalities, having learned that the American Red Cross intends to extend its assistance by launching an anti-epidemic campaign in Siberia, including arrangements of housing facilities for the sick and refugees, feels that this kind of assistance is most timely and necessary. They sincerely welcome the good intentions of America, and request you Mr. President, as President of the American Red Cross, to give your kind attention to the plan presented by Lieut. Colonel Teus-

ler and Major Emerson, and extend in whatever measure you find it possible, your assistance to the favorable solution of the question of this aid, for which the population will ever be deeply grateful to the United States."

Army Base Hospitals to be Held Intact.—In accordance with the wishes of the military authorities and as part of the peace program of the American Red Cross, Base Hospitals organized by the Red Cross for the army, and which saw war service, will be held intact against future emergencies. War may never again visit this country, it is true, but, there are the great disasters of peace—floods, earthquakes, epidemics—that might make necessary immediate facilities, such as could be supplied only by a carefully organized and equipped system of base hospitals, which the Red Cross has as a legacy from its war experience.

These fifty base hospitals are located at important points through the country, and their personnel is recruited from the staffs of the hospitals in their vicinity. As a result of their war service, the doctors and nurses are incomparably well fitted to undertake such emergency tasks, and, virtually in all cases, are being kept enrolled for duty when needed.

The army is cooperating with the Red Cross by providing each base hospital with a unit of equipment in accordance with military standards, stored in a government storehouse as near as possible to the city in which the base hospital is situated. Red Cross Chapters, also, are assisting in the reorganization of the base hospitals for peace times, and will cooperate when base hospitals may be called for emergency service.

The Aigon All-Night Drug Store.—Three American girls, Miss Julia Norton, of South Orange, N. J., Miss Mary Vannemen of Springfield, Mass., and Miss Constance Horsford of Boston, all members of the American Red Cross Commission to Greece, were for a time running the only all-night drugstore in Europe. They were sent to the island of Aigon in the gulf of Corinth to take care of 1,300 Greek refugees, who, returning from Bulgarian concentration camps, were put off the steamer at Aigon to recuperate before scattering to their homes. These refugees were about the sickest and most miserable Greeks who had returned to their native land and, as twenty-four hour service would be necessary in order to care for them, the girls decided to start a drugstore and dispensary and run it American style, open day and night. For a time, they worked at top speed, feeding and cleaning up the refugees, among whom skin diseases were very prevalent. Soon, however, the emergency was over and they were able to eliminate the night shift. But, for a while, there was a regular all-night drugstore in the Gulf of Corinth.

A Caucasian Medical School.—The gift of supplies and equipment for the new City Hospital at Ekaterinodar, in Southern Russia, by the American Red Cross, has served as a stimulus to the establishment of a first-class medical school in the Caucasus.

The hospital, which occupies the former "gymnasium," or highschool building, is complete with wards containing 350 beds, laboratories and three operating rooms, and is one of the most modern buildings in the country. It covers a ground area of about five acres, is constructed of red brick and sandstone, and faces the park of the Cathedral. To the right of the main entrance, is a bronze tablet inscribed as follows:

THIS HOSPITAL WAS ESTABLISHED
THROUGH THE GENEROSITY
OF
THE PEOPLE OF THE
UNITED STATES OF AMERICA
BY THE AMERICAN RED CROSS, 1919.

The equipping of the hospital was effected with medicines, instruments and supplies landed from a Red Cross ship at Novorossick, which were installed under the direction of Dr. J. J. Szymanski of Passiac, N. J.

The staff has some of the best professors and surgeons of Petrograd and Moscow, who fled to the Cossack State at the beginning of the Bolshevist regime. Professor Alexiensky, formerly of the University of Moscow, will be chief surgeon. The school will therefore have the benefit of some of the finest medical and surgical talent in Russia.

An Albanian Ambulance.—Down to the Red Cross hospital in Tirane, ten miles over rough mountain paths, came four men bearing what looked from a distance like some sort of a sedan chair or an oriental palanquin of curious shape. As they came nearer, the strange conveyance resolved itself into a huge brass kettle, swung between long poles and in which on a bed of leaves and hay sat a sick woman. The men set down the kettle with extraordinary care and tenderness. She was very sick—would the American doctor see her? But alas, there was little the American doctor could do. She was too far gone in tuberculosis. He could only advise preventive measures for those who surrounded her and prescribe a palliative for her cough.

It has been slow work gaining the confidence of these mountaineers who have suffered so much from disease and privation during the war. Medical attention, except in the cities, is almost unknown. There are now only four native physicians in the whole country. But, the Red Cross has established hospitals and dispensaries, has fed the people and given them medical treatment, and, as a result, the conditions are greatly improved, although there still is much to do.

LETTERS FROM FRANCE—XIX*

One of the most important reports submitted to the International Congress of Scientists, which is being held at the Cercle Nautique, Cannes, under the auspices of the committee of Red Cross Societies, was presented by Dr. Herman E. Biggs, chairman of the State Board of Health, New York. Doctor Biggs's report dealt with the question of preventive medicine; which, as he said, covered nearly the whole field, embracing other reports already submitted here on tuberculosis, malaria, and child-welfare. Doctor Biggs said that the Red Cross Societies of the world could aid in a most effective manner by the creation of public sentiment that would demand the enactment and enforcement of laws carrying out principles known to scientists, and which would result in a great improvement of public health.

He urged the establishment of a central bureau where existing laws could be collected and which could serve to stimulate the adoption of other laws. Although promotion of the public health is a governmental function, voluntary bodies are most necessary in preparing the way for governmental action. As the first essential, he advocated the providing of an adequate number of free public laboratories.

The speaker gave details of his experience in New York, showing the important part that these laboratories had played. He also advocated the establishment of the visiting-nurse system, which would teach the community to help itself. The report covers the question of housing improvement in social welfare, town planning and building of model public institutions, all put forward in a simple, practical way that makes the plan comparatively easy of realization.

Professor Kenwood, of Great Britain, who occupied the chair; Colonel Baduel, and Senator Marchiafava, of the Italian delegation; Doctor Kabeshima, of Japan; Doctor Calmette, Doctor Pinard, Dr. Armand Delille, Miss Lillian Wald, representative of the Federal Child-Welfare Bureau of the Department of Labor of the United States, expressed themselves in hearty accord with the report. Sir John Lumsden occupied the chair during a discussion of the report on the committee of publications which was read by Mr. Henry Morgenthau, former American Ambassador to Turkey.

The possibilities that may follow upon the organization of the international Red Cross league were suggested when a telegram was read to the congress from a Red Cross organization, telling of the need of concerted action in fighting typhus in eastern Poland, Russia, Serbia, and Macedonia.

Reports from Red Cross agents and local authorities say that there are 100,000 cases of typhus in the provinces of Lublin and Volhynia and 75,000 in the district north of the Black Sea. This telegram was read just at the moment when the scientists were concluding their recommendations for the establishment of an international Red Cross organization, with a central bureau of health. All other business of the conference was suspended at once, in order to enable the scientists to suggest to the Red

*It is to be kept in mind that this letter was written several months ago.—Ed.

Cross the best method of combatting the typhus-epidemic and checking the spread of the plague.

Among the physicians now here, are several specialists with wide experience in fighting typhus. They include Col. Richard P. Strong, who headed the commission in Serbia in 1915; Col. Edward C. Hort of the British Army; Colonel Castellani, of the Italian Navy, who investigated typhus in Macedonia and Serbia; Col. Hugh Cumming, who has had the sanitary supervision of the American Expeditionary Force.

The experts present were of the opinion that the situation probably is even more serious than the telegram stated, but, that proper measures probably would prevent the disease from obtaining a hold in Italy, France, England or America. They have formed a committee to give their advice to the Red Cross for immediate action.

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At the recent opening of a workshop and home for war-cripples, Colonel Openshaw said that a man who had lost one leg was likely to live longer than if he had all his limbs. If he lost two legs, he would probably live longer still. There was a physiological reason for this. The heart had to carry the blood to the extremities, and, other things being equal, would continue to work longer if the legs were taken away. A legless man could be a better swimmer than before he lost his legs. This was demonstrably true.

[As to the truth of these somewhat remarkable assertions, we must confess that we hail from Missouri. We should want to be shown.—Ed.]

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Miss Jane A. Delano, director of the Department of Nursing of the American Red Cross, died on Tuesday at Savenay Base Hospital after an illness of several weeks. At American Red Cross headquarters in Paris, numerous expressions of regret and in tribute of her personality and great service to the Allied cause are being received. Coming to France to make a survey of American Red Cross nurses operating in the war-zone, Miss Delano was suddenly taken ill. After subjection to several surgical operations, it was thought that she would recover; however, last week, her condition again became critical. For ten years, Miss Delano had been the moving spirit behind the nursing-service. She prepared the manual used by the Army Nurse Corps, and formed the program for the coordination of Army and Red Cross nursing. As director of hospital training schools in New York and Philadelphia, Miss Delano, who was graduated from Bellevue Hospital of New York, was foremost in the national organization of nurses for more than twenty years. In organizing the Red Cross nursing-service, she was responsible for the custom of enrolling only graduates, instead of admitting both untrained and partly trained women.

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At a recent inquest upon the body of a suicide, Mr. Feesey, a member of the French parliament is quoted as having said that he had been informed that he had remarked that it were a pity that doctors had not the power to put incurables out of their misery. He thought that the time might come when, with proper safeguards, that might be done, for, it seemed a good thing when life became unbearable. We had not arrived at that period of civilization as yet, however, he had no doubt that the time would come when painless euthanasia would be brought about. Mr. Feesey had come to the conclusion that life was not worth living, and that was the motive for his committing suicide. Hopelessness and the prospect of no recovery preyed upon his mind so much that it became unsound. The jury returned a verdict of suicide while of unsound mind.

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During the April vacation, a series of lectures were given in the Grand Amphitheatre of the Sorbonne, American officers and men in Paris being invited. M. André Michel spoke on "The Rheims Cathedral" and Major Fling on "German Imperialism"; "The American College and the American University" was the subject of a lecture by Dean L. R. Briggs, while a French general lectured on the Battle of Verdun.

THE HOSPITAL NUMBER

Your hospital number ought to be a great help to the profession in general. Certainly, the hospital is a great convenience to the people and an incentive for the doctor to do his darndest to get results. It saves many hard trips over bad

country roads and my patients (most of them) feel more satisfied, knowing that they are under close observation. Besides, the change does them good, likewise.

I have three rooms adjoining my office and this provides room for all surgical cases in the territory as well as some of the medical cases that need a nurse or unusual attention. My sister-in-law, Miss Condace Carr, runs the hospital, thus relieving me of the extra work of supervision. It's a time saver to the doctor and the results are better than could be obtained at the patient's home. The expense to the patient is about the same as if he stayed at home. E. C. JUNGER.

Soldier, Iowa.

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[Doctor Junger has solved this problem, as it affects the country practitioner, in an excellent manner. In some instances, it not only increases greatly the patient's chances for prompt recovery to be under the physician's immediate and continued care, but it, likewise, contributes to the latter's peace of mind to be able to supervise the patient's treatment constantly—which is not feasible when the patient lives miles away.—ED.]

THE AMERICAN PROCTOLOGIC SOCIETY

We are informed that the 21st annual meeting of the American Proctologic Society will take place at Memphis, Tenn., on April 22nd and 23rd, the participants being designated on the program as "guests of Dr. John L. Jelks and of The Memphis & Shelby County Medical Society.

The program is a remarkably interesting one, from the presidential address ("Co-operation and Coordination") down, and physicians who can make it possible to attend this meeting will be certain to be repaid many times for any effort that it may involve.

A POINTER OR TWO

Do you know anything about the fluid-extract of jambul for saccharine diabetes? If not, ask Parke, Davis & Co., Detroit, Michigan, to forward you their monogram on the drug. Have used it for years. Have used nothing better.

Have you a case which arouses your suspicion of cancer of the stomach or some other serious gastric disorder? With or without a positive diagnosis, give four granules, 1-64 grain, condurangin four times daily on an empty stomach. You may be agreeably surprised as the days go on. Keep them up awhile.

X. Y. Z.

DANGER OF ARSENICAL POISONING

It is an acknowledged fact that large doses of arsenical preparations are essential in the treatment of some cases, but, the fact can not be denied that blindness, crippling, permanent injury or death sometimes result from such medication.

When the blood is normal in chemical reaction, that is, when it is alkaline, the arsenical compound solution will not be changed and its use will not be dangerous. However, when we have acidosis, there is danger, as, then, the non-toxic remedy is changed into a toxic form and even may cause death immediately.

Acidosis, as a result of influenza, is now so generally prevalent, that a word of warning may be in season. Be sure that the blood is alkaline before injecting arsenic in doses that may become dangerous, when being changed from the non-toxic to the toxic form by acid being present in excess in the blood of the patient.

CHARLES G. ROEHR, M. D.

Fort Pierce, Fla.

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[This important warning would apply more especially to the hypodermic or intravenous injection of such arsenicals as arsphenamine and the cacodylates.—ED.]

FEDERAL AID TO SOLDIERS

In almost every community in the United States, there is a discharged soldier, sailor, marine, or war nurse, suffering from some injury, or ailment, that dates back to service with the fighting forces.

Often, this injury, or ailment, has made it hard or impossible for them to fit in where they did formerly. They are handicapped and need help; not charity, but, mental and physical reconstruction. In many cases, such people unfortunately keep their troubles to themselves. They are reluctant to seek aid or advice, for fear that their friends might consider them weak. Possibly, you know such a person.

If you do, encourage him to take his troubles to the Government. The War Risk Insurance Bureau and the United States Public Health are especially anxious

to get in touch with such individuals. The Public Health Service has set up a chain of reconstruction bases throughout the country for beneficiaries of the War Risk Bureau. These are not Army hospitals, nor is there Army discipline in connection with them, but, they are, rather, a system of hospitals similar to the general hospitals in large cities except that the treatment is free and goes much further than in the ordinary hospital.

Recreation, vocational training and wholesome entertainment are combined with treatment. While men are being bodily rebuilt, they have the opportunity of learning some useful occupation or pursuing academic studies. They are taught not only to find themselves, but, to better their condition. The environment is as homelike as it is possible to make it.

A great many men who went into the Army have developed tuberculosis and other diseases requiring special treatment. The U. S. Public Health Service has separate hospitals and sanatoriums for these patients, where they may get the best treatment known to medical science.

A large number of soldiers are not yet aware that the Government offers them free treatment. Please tell them.

ASTHMA—A PROTEIN-SENSITIZATION

The new theory that asthma is due to some protein to which the body is sensitized is very plausible. This protein may be bacterial, alimentary, dust or pollen in origin. I have had patients who were seized with an attack after eating bananas. Some can not ride behind horses on account of inhaling the dander, and one man would be seized with an attack by merely putting on a bear-hide coat.

Personally, I have had some good success in several cases in which the body was sensitized to bacterial proteins; cases in which a bronchitis was the predominant feature.

One young lady, who had not rested at night with her head on a level with the body for over ten years, now sleeps with only one small pillow. You can imagine her gratitude.

The treatment used is a mixed stock-vaccine consisting of colon bacillus, streptococcus, pneumococcus, staphylococcus albus and aureus. An autogenous vaccine would be better if properly prepared. A gradually-increasing dose is injected beginning at four-day intervals, then slowly lengthening the intervals to seven days. In the meantime, an acute attack is met with the usual antispasmodics. Two months' treatment should begin to show a beneficial effect if you are going to get it. I increase the dose to a total of 1½ mils. Then, I discontinue for two months, after which I give further treatment for a month or six weeks so as to cinch the cure. One case, that of a man fifty years of age, cleared up for a year and a half, after which the patient had to have a few more injections as his asthma had returned to a certain extent. It is my belief that, had I continued to treat this man for a longer period in the first place, it would have cleared up his trouble entirely.

The vaccines will not help in those cases in which the body is sensitized to proteins other than bacterial, but, when you do get results they are very pleasing to both physician and patient.

M. E. Bovee.

Port Huron, Mich.

OFFICE GYNECOLOGY

Having given some special attention to the subject of office gynecology, I wish to encourage the general practitioner to give more time and study to this intensely practical and much-neglected specialty.

Every woman, from 15 years up, has at some time, some pelvic disturbance that makes life less pleasant for her and which sends her in search of relief which, though, she generally does not get, just because she is given a prescription for something to take internally or for use in a douche in the form of suppositories; no local examination having been made.

The most common ailment in girls (nothing specific in nature being considered) are, stenosis of the cervical canal and displacements of the uterus, both of which can be easily remedied with the aid of probe, sound or manipulations. There need be no hesitation in suggesting such local treatment; for, why is it any more of a crime to look into a virgin's vagina than it is to look into her eyes?

Next comes the newly married woman. They often develop cystitis, urethritis and vaginal irritation. They need a little sedative and a big, soothing tampon, to be re-

moved in 48 hours and replaced by another one. These parts need rest and this is the only way for them to get it.

Then come pregnancies with a lot of reflexes. A little dilatation of the cervix and camphophenol applications to its mucosa often give much relief. After confinement, we get many complaints due to endometritis, cervical erosions, and subinvolution. A few intrauterine swabbings with tincture of iodine, or tincture of iodine and phenol in equal parts, will give brilliant results. Ergot for its tonic and local affect on the pelvic circulation is needed for a few weeks. Unrepaired or poorly healed lacerations should be repaired by a surgeon.

Later on come the pelvic distress, hip and backache, constipation, indigestion, headaches, choking sensations and general debility due to the effect of a relaxed pelvic floor and the resulting passive congestion of everything in the pelvis. These are the conditions that make of our women chronic invalids, everlastingly complaining without any apparent pathology; but, they are real sufferers of real pains and entitled to all the help and sympathy we can give them. Gently dilate the cervix with the uterine dressing forcep, swab the uterine cavity with tincture of iodine or tincture of iodine and camphophenol, equal parts, once a week, and place a large depleting tampon into the vagina. A bandage is sometimes needed to hold this in place.

Hot sitz baths at bedtime, postural treatments during the day with pelvis high and head low, tend to empty the pelvic veins and relieve the aches and pains. Sometimes, removal of the broad-ligament varicosities, of cystic ovaries or of congested elongated tubes is required and the round ligaments may be shortened to lift the uterus into a proper position. Many of these patients develop hemorrhoids to add to their pains and neurosis, but, the latter often will disappear, if the pelvic viscera are elevated and the congestion is relieved. Electricity will give much temporary relief by toning up the tissues.

Early education and prevention is to be aimed at in order to forestall the development of this last deplorable stubborn state of affairs. This certainly takes the joy out of life for every woman that can not be relieved or cured, and all creation will have to suffer, and friends and relatives endure. Try it, brethren! Use your own good judgment, with brains, and many of these patients will call you blessed.

E. C. Junger.

Soldier, Iowa.

PNEUMONIA-PHYLACOGEN CONDEMNED

I had a little experience, a couple of days ago, that I do not care to repeat. There had appeared articles, in some medical journals, endorsing pneumonia phylacogen in the treatment of pneumonia. Hence, I decided to give it a trial. The patient I allude to had a double pneumonia, the result of "flu", and his temperature varied from 102° to 104½° F. During the first call, I noticed a disparity between the pulse and temperature. The pulse was only 84, so, I immediately put him on strychnine 1/30 gr. every 3 hours; but, I was never able to get his pulse above 95, even with intercurrent doses of glonoin. I secured a specimen of urine and found in it an abundance of albumin and some casts.

The patient could not stand any of the aconitine combinations, so, I put him on spirit of nitrous ether, solution of ammonium acetate, in conjunction with bryonia; adding active treatment for his kidneys. As resolution was taking place, I substituted tartrate of antimony and, finally, arsenate of antimony, which has in the past served me so effectively in the late stage of pneumonia, the stage of resolution.

As this case was not progressing as satisfactorily as I thought it should, I gave the patient a ten-minim shot of pneumonia phylacogen. Ten minutes after administering the dose, his face blanched, the pulse became bad and his countenance assumed a cadaverous hue. It looked as though he would die in the next few minutes, but, I gave him a shot of nitroglycerin, which relieved the depression. I want no more pneumonia phylacogen in mine. You need not tell me that an agent that will produce a shock like this is good for a patient, and the man who recommends it ought to be kicked.

J. H. Lowrey.

Neola, Iowa.

[Anaphylactic shock may follow the injection of any foreign protein, whether animal or vegetable (bacterial), if the patient is sensitized to it. The symptoms

are truly alarming. However, they are, usually, recovered from. Still, it always is a terrible experience.—Ed.]

CHRONIC OSTEOMYELITIS AND ITS CURE

While in Chicago, a short time ago, I had the pleasure of meeting several Chicago surgeons and, incidentally, witnessed a clinic, at Mercy Hospital, conducted by Doctor LaPort and demonstrating his new and remarkable treatment of osteomyelitis.

This treatment consists in the application of a paste applied locally around the diseased limb. The effects of this application are somewhat startling, the pus discharging from the sinuses in increased amount during the first few days, but, then gradually diminishing and, finally, ceasing altogether. After this, reorganization of the bone begins to take place and continues until complete repair of the bony structure is established.

The drugs employed in this remedy are, undoubtedly, absorbed and carried by the blood currents to the diseased areas of the bone. By some occult process, which the originator of the method is endeavoring to ascertain, they destroy the germ, or germs, that are responsible for the destruction of bone, and, consequently, regeneration and reorganization of the bone follows.

This reminded me of some remarkable results that I have obtained in past years. Away back in the eighties, to be accurate, in 1884, I was called to see a young man who had osteomyelitis of the right tibia. I found five large, discharging sinuses, the edges of each sinus presenting a bluish tinge and discharging pus freely, yellow in color and somewhat offensive as to odor. I had learned many good things from my father and, being young and full of pep, I offered to cure the young man; while, if I failed, I would not charge for my services. Arrangements had already been made with two surgeons to amputate the limb, as the young man had then been an invalid for years. So, my proposition was quite satisfactory.

This was my treatment. I gave the father a quart bottle of a pretty strong solution of permanganate of potassium, as nearly as I can recall, of about 5-percent strength, and a syringe with a small nozzle, instructing him to syringe out each sinus daily with this solution, using it quite warm. Internally, I administered silica and phosphate of lime. Well, this cured the young man in about three months and, when I say cured, I mean that his limb was as sound as mine or any healthy limb.

I had Jimmie call to see me, in 1896, for the sole purpose of examining his limb and he was then quite a man, I assure you. The bone was found to be in perfect condition, just a few scars remaining.

I firmly believe that all cases of this type of osteomyelitis can be cured in like manner if openings are drilled into the diseased cavities and irrigated with potassium-permanganate solutions. I have tried this treatment repeatedly during the ensuing years and it has never failed me. I have closed old sinuses that surgeons had declared could not be closed. In all my surgical work, before the microbic theory was promulgated or proven a fact and antisepsis practiced, I used solutions of the permanganate freely with universally good results. I have done double amputations, always enveloping the stump in oakum, saturated with a strong solution of potassium permanganate, and irrigating with this solution daily; and, usually, the results were fine. In gun-shot wounds with maceration of the bone, or in compound fractures, it was my practice to envelope the limb with oakum, before gauze was employed, and, later, with gauze, both of which were kept saturated with a permanganate solution. The result, as a rule, was, that good bony union occurred without infection. In fact, I got better results in pioneer surgery, than have been obtained. in later years, in some of the up-to-date hospitals with all their modern methods of asepsis.

J. H. Lowrey.

Neola, Iowa.

WHY TUBERCULOUS PERSONS WITHOUT FUNDS SHOULD NOT LEAVE THEIR HOME STATES

It is reliably estimated that several hundred tuberculous persons without funds come to Denver every year. Practically all of them come because they have the mistaken idea that climate will cure tuberculosis.

They arrive, almost penniless, without having made any inquiries, or any provi-

sions for their needs. Since Colorado has no state-, and Denver no municipal tuberculosis sanatorium (merely a ward at the County Hospital for thirty-five very sick tuberculous residents), the care of such indigent persons is limited to a few free private sanatoria, which are continuously so overtaxed that admittance is a long and difficult matter. These sanatoria comprise: the two Jewish, which accept only a small number of Gentiles; a tent colony of men with a capacity for seventy "down-and-outers"; and a small home for a dozen destitute tuberculous women.

Those tuberculous poor who migrate to Denver, finding no place where they can be cared for, look for light work in order to maintain themselves and, often, their dependent families; but, the demand for such work is far in excess of the supply. Driven to any work they can get, with neither friends nor care, anxious, homesick, hopeless, they rapidly grow worse, and, usually, soon die. They die for lack of proper rest, food, fresh air, and medical attention, those essentials of treatment, which many of them could have had at home—or here with sufficient funds for two years' care. Without these essentials, climate is of no avail. If it were, Denver would welcome these tragic health-seekers instead of urging them, for their own best chances, to stay at home.

Denver also urges that the states throughout the country plan definite programs to retain their indigent tuberculous, giving them effective treatment in state sanatoria or in their own homes.

The Denver Antituberculosis Society.

Denver, Colorado.

[Read, in connection with this graphic article, the editorial on the same subject on page 223 of this issue.—Ed.]

IRON IN OBESITY

Dr. E. B. Johnston, Benson, Minnesota, reports that, with the use of Blaud's mass (ferrous carbonate) in 5-grain tablets, he has reduced obesity to a great extent. He claims that it burns up the fatty tissue.

Here is a hint to those physicians, and we assume that most of them belong to "those", who are approached by their weighty patients for relief. The idea of employing ferrous carbonate for that purpose is new to most of us and we wonder whether there is anything in it. However, people who are actually fat usually can well stand a little more iron, and the improved conditions of their blood may increase oxidation, thereby actually burning up the fatty tissue. It will be simple enough to act upon this hint, and if any of you succeed, let us hear from you, please.

CHLORAZENE IN THE TREATMENT OF INFLUENZA

Since it has been demonstrated that the influenza germs invade the human body by means of inhalation, it is essential that something should be discovered to prevent these germs from penetrating or to destroy them after the organism has become infected.

I have carefully studied the action of chlorazene tablets, for several months, and I obtained the following results:

In the latter part of September, I had a case of influenza, that of a young man, Mr. E. P., of Brooklyn, with temperature of 104° F., severe headache, cold; nasal passages inflamed, eyes watery, and pains all over the body. Five days later, I had another case, that of a young lady, also of Brooklyn, with symptoms like those enumerated.

I decided to try chlorazene tablets, for inhalation, dissolving 3 tablets in a quart of boiling water. In the first case, E. P., I also used a solution of chlorazene to disinfect throat and nostrils, using 1 tablet to a pint of water.

After two or three inhalations in the first case, the headache disappeared, the temperature became normal and, after the third day, the patient was relieved of all pains. In the second case, headache, fever and pains, all disappeared during the night.

During the subsequent months, I had a number of cases of influenza and continued to prescribe, and experiment with, chlorazene tablets; with the result that, now, I can say, and prove with the following case reports, that chlorazene can be relied upon to combat influenza.

Case 3. Miss M. L. M., with temperature of 103° F., her symptoms being headache, severe, general pains and so forth. She had taken acetylsalicylic acid, but, to

no avail. I prescribed chlorazene solution, dissolving 4 tablets in 1 quart of boiling water. At 7 p. m., the temperature was 103° F. After the first inhalation, the headache was relieved; under continued inhalation of the same solution, the temperature had become normal by the following morning.

Case 4. Mrs. M. D. R., of Brooklyn, with temperature of 103° F., intense pains in head and nose, also, general pains. Chlorazene solution was prescribed for inhalation. After two days' treatment, the temperature was normal, and all pains had disappeared.

Case 5. Mr. R., of Brooklyn, temperature 101° F., complained of headache and general pains all over body. The patient had taken acetylsalicylic acid and similar remedies, with no result. The solution of chlorazene was prescribed. After four inhalations, headache and general pains had disappeared.

Case 6. Miss F. F., of Brooklyn. After using inhalations of chlorazene for three days, fever and pains had subsided.

Case 7. Mrs. F. A., of Brooklyn, mother of patient in case No. 6, suffering from intense pains of the head, eyes watery, and general pains, with temperature at 101° F. The solution of chlorazene was prescribed. On the following morning, I found her without fever or pains.

Case 8. Mrs. M. V., of New York, temperature 102° F., headache and general pains. I prescribed the chlorazene solution and a tonic; the solution being ordered also for gargle and to disinfect the nose. I observed her again on the following day and found her with no fever, the general condition being satisfactory.

Case 9. Mrs. A. G. D., of New York, temperature 101° F., intense pains in the head and body. The same treatment as described was ordered with satisfactory results.

Of course, in severe cases of influenza, I do not expect that chlorazene inhalations will perform a miracle, but, the continued use of inhalations, throat gargles, and nose washes, while not a specific cure of influenza, will help to relieve many patients.

For using chlorazene solution for inhalation, dissolve 4 tablets in 1 quart of boiling water. For inhalation, bend the head over the basin containing the solution, covering the head with a linen cloth, and breathe the vapors in with open mouth or nose.

For gargle, 1 tablet in 1 quart of lukewarm water.

Pasquale de Caprarus.
Brooklyn, New York.

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[This is an interesting and instructive report, and the method employed by Doctor de Caprarus merits further investigation. We should like to receive other reports of its application. What do you say?—Ed.]

TREATING MENSTRUAL DISORDERS IN YOUNG WOMEN

I have learned some things, about the treatment of the various afflictions for the relief of which women come to us, that, I believe, will interest your readers. Chromium sulphate, in 4-grain doses, four times a day (after meals and at bedtime), has yet to fail me in giving relief in cases of uncomplicated dysmenorrhea. There is relief at the first term following the beginning of treatment, four months generally completing the cure, and, when other symptoms require attention, it can be relied on as the systemic remedy.

There are a great many young women who develop thyroid enlargement at the beginning of menstruation. As most of them are of the fleshy, flabby type and show lack of development in the breasts and uterus and its appendages I look upon them more as tissue out of place than true goiter. Moreover, my success in treating them confirms me in this opinion.

In these cases, I aim to get coordinate action in all the organs and give directions as to eating, sleeping, body hygiene and so forth, especially to keep the bowels free. For this purpose, a prescription published by Dr. R. St. John Perry, several years ago, has given me splendid results as it does the work and is not habit forming. The formula is as follows:

White sugar	18 ozs.
Senna leaves (powd.)	5 ozs.
Licorice	5 ozs.
Sulphur	2½ ozs.

A teaspoonful of this, more or less as necessary, at bedtime gives a free movement next morning and seems to me to have considerable medicinal action on the skin and liver.

If, after getting the patient toned up and the menstruation regulated, the en-

larged thyroid still persists, I order mercury protoiodide 2x, in powders of 3 to 5 grains, from 4 to 6 doses a day, which generally completes the job. I wish you could see the present lines of the figures of some of these girls and could compare them with what they were when they first came to me.

Another class, the opposite of the above, often is met with, namely, the skinny, scrawny, spindlelegged class of women who perhaps had a show at the usual time, then nothing for several months; or who never even had a show, presenting instances of true amenorrhea. Here, a different course is to be followed and I have found senecio to be the best remedy that I have tried. I first get after the anemia and use the aforementioned laxative powder to overcome the constipation that generally accompanies these cases. Senecio itself is an excellent tonic. Where there is anemia, I give 5 grains of exsiccated ferrous sulphate made into a pill with a little plain simple syrup, 1 pill to be taken three times a day immediately after eating. These pills, when rolled out, are perfectly hard and need no coating; however, when dropped into a glass of water, they immediately disintegrate. The same thing happens in the stomach and this facilitates rapid absorption. Use nothing but simple syrup, as, if an extract is used, the pill forms a sticky mass which will adhere to the mucous membrane of the stomach and cause gastric irritation. Plenty of exercise in the open air and sunshine should be taken and an ample and generous diet, in which plenty of meat is included, should be given.

Now, I begin with senecio. Having found out as nearly as possible when the period is due, I begin four days before that time to give from 1 to 4 granules containing 1/6 grain of senecoid each, 4 times a day after meals and at bedtime, or the specific medicine in proper dosage. I have had good results from either. This remedy is continued for a week and, should the period not be established, a space of three weeks is allowed to elapse, after which the senecio is again taken for ten days.

This treatment has done the work for me. Where there is no anemia, the iron is omitted. I do not claim originality for most of the remedies, in fact, honesty compels me to say that nearly all the good things (real good ones) I know have been "cribbed" from writers with whose wisdom mine does not compare. The plan of treatment described here is an outline of treatment that has proved its value in my experience and I hope that it will do so with others. Any physician can add to it whatever circumstances demand.

A. O. Reppeto.

Banks, Ore.

TREATMENT OF PNEUMONIA

The publication of my article in regards to the treatment of pneumonia has brought me opportunities of invaluable correspondence with several physicians.

Alkalometry has come nearer to solving the problem of successfully applied therapeutics than all other methods. Only one more beneficent being ever has lived in the world than the physician who relieves the pains of the human race without killing his patients. There are "docs" and doctors, but, few physicians. Many "docs" are so inexcusably ignorant of botany, materia medica, chemistry, physiology and applied therapeutics that an intelligent schoolboy would be ashamed of them.

My policy is, fairness between man and man. I do not try to use the whip on the devil as he goes around the stump—I could not get close enough to get one good lick.

The majority of medical men feel a little prejudice, or envy, toward what they do not originate themselves. Yet the glory of acquirement is reflected upon all. Therefore, honor should be given where it is due. When Abbott originated iodized calcium ("calcidin"), he accomplished one of the greatest acts of his life.

Permit me, once more, to call your attention to a fact that cannot be disputed, being proved by almost thirty years of unvarying success in treating pneumonia. Pneumonia is the positive result of pathologic disturbance in the physiologic functions of the body. Cutaneous elimination is arrested and the lungs, in their great effort to rid the system of toxins by vicarious elimination, become engorged. This results in a congestive inflammation and general blood stasis which, in turn, furnishes favorable conditions for the proliferation of the pneumococcus that is always in the

body with many more varieties of death-dealing bacteria. The only rational course of treatment is, to drain the septic lungs by free elimination through the alimentary, renal, cutaneous and glandular systems; when necessary, reduce high temperature by relaxing nerve tension; sustain vitality with nutritious diet and diffusive stimulants. At the same time, we are sterilizing septic pools through the vital fluid and, thus, save our patient. A normal heart, to begin with, seldom needs attention.

Today, I cannot recall the loss of more than a half dozen pneumonia patients in the past twenty years.

At present, the situation is appalling; for, I firmly believe that thousands more pneumonia patients die from the effects of drugs than from pneumonia.

I am just now recovering, thanks to iodized calcium, from a severe pyemia of the wrist joint, also from what seems a mixed infection of influenza and grip.

One more thought. The old-fogy theory of an expectant course of treatment has long since passed with me. There is a God that directs the ways of men; therefore, there must be certainty in rightly applied therapeutics. God does not direct men in wrong paths.

T. C. Estes.

Barren, Ind.

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[The views outlined by Doctor Estes, concerning the origin and pathology of pneumonia, will not find any opposition. It is no longer held that the invasion of the lung tissues, by pneumococci or other pathogenic bacteria, can produce pulmonitis by itself; it being recognized that a tissue-predisposition, or a lowered resistance, must be present for that result to come about. However, congestion in the lung tissue by no means is always due to fermentation or autointoxication. It *may* arise through chilling, through exposure, as well as in consequence of other unfavorable influence. Undoubtedly, elimination is an essential factor in the treatment.—Ed.]

A TRIBUTE TO DOCTOR THACKERAY

I deeply feel my obligation to men who can, and do, write enlightening articles, and I only wish I could reciprocate. It is not that I am not willing. I owe thanks to men as Candler, Aylsworth, Cline, Howle, Johnson (of Pittsburg, Kansas), and a host of others who write (but, not often enough); not to mention yourself, Waugh, Butler, Ellingwood and many others.

I note with reverence the short article, in the February issue from Doctor Thackeray. To think that he still is in practice! I was acquainted with him forty-five years ago, when I was a student and he was a mature man then. And, now, when I think that I am getting old, myself, to know him still at work. What a lesson is his life; overcoming obstacles, conquering griefs and disappointments, devoting himself to his fellowmen, living among them, where he can do most good. Compare it with that of other men with great brilliant qualities, but, giving way to grief, succumbing to disappointment and morbid sentiment, and burying themselves among degraded peoples.

Yet, each will, through the influence of their lives, accomplish more than by their own personal work.

A. O. Reppeto.

Banks, Ore.

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[Doctor Thackeray will, we are sure, appreciate this cheering tribute; as, indeed, do we in his behalf. We believe in handing out bouquets to the living. The dead ones have no use for them, no joy in them. We all do better work if, occasionally, we are patted on the back. And, we can stand a lot of it!—Ed.]

FOOD DRAFTS FOR NEEDY EUROPEANS

"Food drafts" may now be purchased by persons in this country who wish to succor relatives or friends in eastern and central Europe with food supplies.

Through an arrangement perfected by the American Relief Administration, under Herbert Hoover, banks here are prepared to sell orders on Relief Administration warehouses in foreign cities. These orders may be transmitted to relatives or friends in Europe, and, on presentation at a foreign warehouse, the recipient may obtain a supply of foodstuffs for personal consumption.

There are three or four million families in the United States with family affiliations

in eastern and central Europe. Many of them are endeavoring to assist needy friends in the old country by preparing or purchasing packages of food for overseas shipment. In some cases, the packing and extra freight involved adds 100 per cent to the cost. The buyer of a food draft, on the other hand, pays merely the factory cost of the food plus a reasonable margin to cover cost of transportation and insurance. Profits, if any accrue, will be turned over to the European Children's Fund.

Government Ration Insufficient. — At present the peoples of eastern and central Europe have no food except the government ration, which is insufficient to maintain life properly, and food illicitly circulated and sold at prices prohibitive to the great bulk of the population. The European governments, cooperating in this plan, have agreed that the supplies sent from America through food drafts will be allowed to revolve outside and supplementary to the rationing system.

It is useless to send money abroad, for, money becomes worthless paper in countries where there is no food to be had. Shipment of food packages from this country is almost as futile. A letter recently received by the Red Cross Director of Foreign Operations from Relief Administration officials abroad cited the congested condition of the port of Danzig. This city is jammed with shipments destined for Poland, some of which have been lying in the warehouses since last summer, while the intended recipients go hungry. Many boxes arrived most empty.

Warehouses in Five Cities. — Ample stocks of staple foods will be carried in the American warehouses located at Vienna, Prague, Hamburg, Budapest and Warsaw to serve the peoples of Austria, Czecho-Slovakia, Germany, Hungary and Poland respectively. The drafts are issued in denominations of $10 and $50, and the food packets consist of assortments of flour, bacon, beans, corned beef, lard or vegetable oils and condensed or evaporated milk.

The sender of a draft will be notified when the draft has been cashed abroad and, in case of nondelivery of the food, will be entitled to a refund. The food can be delivered only at the main warehouses, not beyond. Local deliveries must be arranged by the recipient through local agencies, and the various governments have promised that they will do all possible to expedite such deliveries. Persons who desire to contribute to "general relief' may do so by so specifying on the food draft. Such drafts will be used to supply Red Cross soup kitchens and other authorized relief agencies. Red Cross workers in every community in the United States stand ready to assist foreign Americans by obtaining drafts for them direct from their local banks or by instructing them in the method of obtaining the drafts.

CALCIUM SULPHIDE AND IODIZED CALCIUM

Hurrah for Dr. Gray and calcium sulphide in smallpox! There is another doctor, in Turkestan, who deserves mention, by name, in the same whoop. I have used calcium sulphide since the epidemic of 1901 and had it used on me, in 1891, but rarely having a scarred or, even, a very sick patient. Thank God! I have never been guilty of "vaccinating" a person in accordance with the prevalent and "orthodox" superstition.

Calcium sulphide, gr. 1, hourly to nausea, then, as often as the stomach permits without vomiting, is my prescription in every suppurative condition. It is prophylactic against smallpox and against influenza, I know. I had no deaths last year and do not fear this year's epidemic. If others will read my treatment in the last HELPFUL HINTS, they, too, will have no cause for regrets.

Calcium sulphide, gr. 1/6, every hour, to a baby, until it vomits "rotten eggs," and then half as often, will get you a mother's blessing every time, if the baby has whooping cough or a creamy discharge from the nose.

Calcium sulphide, gr. 1, given every hour, with a 2-percent protargol injection, every two hours, will relieve you of primary recent cases of gonorrhea, and helps mightily in posterior urethritis.

Iodized calcium is another remedy that some physicians are just discovering. I order 6 grains a day for a six-months' old baby if it isn't cutting teeth, and for older ones in proportion. I gave 5 grains hourly

for sixteen doses daily for a week, with calomel, podophyllin and bilein at night to effect. Then, this dose was increased to 10 grains hourly, during the third week to 15 grains hourly; and, the patient stood it for nine days before that "thumping headache in my shins" eased up and ptyalism just started.

I have made some mistakes with iodized calcium. I have given it when I had no business to give it, owing to mistaken diagnosis, and I have had cases in which I did not give enough when the indications were correct.

Do not get the idea that I am a big-dose, kill-or-cure man. Be as certain as possible of the indications, know the drug required, use .22-calibre and shoot fast or slow as the case in hand requires.

The above was written several days ago, after receipt of the last journal. [The January issue is meant.—Ed.]

Have just cured a case of hopeless pneumonia—"flu" for six days, pneumonic for the last two, coughing bloody sputum, and plenty busy coughing. I feel like writing this morning, after a long night with the stork.

"Pneumonia"! A soft catheter, hot salt water and a 2-ounce syringe cleaned out nose and pharynx. Lots of soap-suds, administered by enema in the knee-chest position, stopped the "pneumonia" cough and, when I got the patient back to bed, with 3 granules of atropine in him, he was asleep before I got the prescriptions ready. The "flu," here, is a contagious infection of the nose and throat. Some tonsillitis, some otitis media. The onset occurs with rigor, soreness, and fever. Am having a hard time keeping them sick long enough to get in the second call. Clean out (both ends), clean up and keep them going. Amen.

Albert A. Davis.

Port Angeles, Wash.

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[Doctor Davis' success in treating pneumonia patients, by cleaning them out, shows the importance of elimination, on which we have insisted so constantly these many years. Calcium sulphide is a humdinger, without a doubt, in all acute infectious processes. However, when Doctor Davis expresses his gratitude to the Almighty for never having been "guilty" of vaccinating against smallpox, he goes against something that is well established and justified by the experience of a century. We have repeatedly printed articles showing the actual value of prophylactic vaccination against smallpox, and, we had been of the opinion that this no longer is in need of further proof.—Ed.]

INTERSTITIAL ACIDOSIS AS ONE OF THE FACTORS IN CARCINOMA

It is a fact that chemical reactions invariably accompany vital manifestations. Vitality may be said to be a contest between acids and alkalies. Acids are aggressive and wage an offensive warfare; alkalies are conservative and defensive. The conflict is constructive, however, and only becomes destructive when the offensive becomes overbearing or the defensive becomes weak.

The outcome of this battle is, life itself. Mental action, body heat, glandular activity, tissue repair, and all nerve function are severally results of chemical action alone

Tissue repair means, the deposition of new cells to take the place of wornout or detached cells. New cells are proliferated and deposited from the mother tissues underneath the seat of destruction. Wear and destruction occurs at the surface and progresses downward.

Chemical reactions, interstitial in their fields of activity, are hindered in their course toward completion by injury or disease. Incomplete chemical action means a halt before stable conditions are obtained and the usual effect of this is, acidosis. Interstitial acidosis is a powerful stimulant to cell-proliferation and growth. Certain instances seem to controvert this statement, but, upon careful investigation, this law will be found to be universal in its action.

However, hyperacidity, from whatever cause, overstimulates cell-proliferation and results in abnormal deposits and abnormal growth. One kind of these abnormal accumulations probably is carcinomatous in its nature, for, we know that carcinomas are composed of epithelial cells. Nature's law of compensation arranges to set in operation antagonistic action so as to offset excessive proliferation of cells, and this accounts for cell-death and destructive ac-

tion in certain stages of carcinomatous growth. But, this very action produces a certain amount of acidosis when it is not needed, and we call such growths malignant because the progress is cumulative tending toward destruction.

As a rule, degeneration of animal substances, either solid or fluid, produces acid conditions. The surface epithelium is provided with a natural resistance, up to a certain limit, to acid conditions. The acidity of fluids, like urine, lachrymal secretion, gastric juice, and perspiration, ordinarily does not cause abnormal conditions.

But, interstitial acidosis has no retarding provision to guard the tissues from the effects of its action.

The tendency to attribute all cause of disease to germs and germ action has diverted much attention from other causes of disease; yet, we know that there may be abnormal conditions that are not due to the presence of germs, even though such be present.

Broadly speaking, germs are cells and they are reproduced by natural productive generation. Some diseases, instead of being caused by germs that are invariably found in such diseases, simply are favorable to the proliferation of these germs, while the toxic excretions resulting from cell-action and cell-death cause the breakdown of vital resistance, and mortality.

It has been said that, if we could take away the toxins from the body of a patient ill with pneumonia, or typhoid fever, we could invariably save his life.

Toxins do not retard proliferation of cells until their excessive amount overwhelms the vitality of the subject and causes body-death.

Toxins vitiate all life processes that depend upon nerve stimuli but do not retard destructive changes that are chemical in their nature.

Toxins generate acids, reducing the alkalinity of the blood and other fluids, and thus produce conditions that favor abnormal cell proliferation.

Carcinomas are found only where epithelial cells are urged on to undue proliferative growth. Irritating stimuli are the urging influences that produce such proliferation. If this irritation be confined to the surface-cells, no abnormal condition follows, but, if the irritation gains access, by reason of denuded surfaces, or by penetration, or by interstitial action, then we have that excess that soon becomes progressive, in other words, malignant.

There are enough opportunities for unwise deviation from the proper course of life functions to account for much if not all of the trend toward untimely death.

Acquired toleration of injurious tendencies is possible. We may eat of the earth's products with but little restraint, but, our food ingestion must be controlled by wisdom.

An excess of nitrogenous food will not be tolerated kindly, nor can the habitual ingestion of injurious substances, such as alcohol, tobacco, and narcotics, be expected to serve physiological life and growth with beneficent results.

A. D. Hard.

Long Beach, Calif.

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The "tendency to attribute all cause of disease to germs and germ action," is as much of a myth as is the reversed attempt to deny the importance of germ action in many diseases, whether as the causative factor or as a contributory complicating agent. All textbooks on medicine recognize and describe many diseases in which germs possess but a slight, if any, importance, Ed.]

STANDARDIZING THE CONCEPTION OF CARDIOVASCULAR DEPRESSION

Speaking before a joint meeting of the American Association of Obstetricians and Gynecologists and the Interstate Association of Anesthetists, at Cincinnati, September 15, 1919, Drs. Charles W. Moots and E. I. McKesson emphasized the fact that, cardiovascular depression being the outstanding symptom of the condition known as shock, it is reasonable to start with the proposition that any means enabling us to determine the very beginning of this condition will prove of the the greatest importance. These authorities hold that:

"When a cardiovascular system is reacting normally, an increased pulse rate is accompanied by increased systolic and diastolic blood pressures, and vice-versa. The pulse pressure is roughly half as great as the diastolic pressure and is the

most direct evidence we have of the amplitude of the heart contraction, the best evidence of effective blood movement. In normal sleep, the pulse rate and the blood pressures are lowered but their normal relationships are maintained; so also they are in an ideal anesthesia.

"But, during surgical operations, so many factors enter to disturb the normal reaction of the circulation that we may have many combinations, with almost never a true stimulation but very frequently a depression of the circulatory system. The changes occur so frequently with, sometimes, disastrous and, sometimes, innocent results, that it is most desirable to be able to differentiate between them and to anticipate their onset.

Blood Pressure Rules.—"There is no form of anesthesia, there is no age of patient, there is no type of operation in which one expects to see an elevation of the blood pressures during the operation. Our fears are due to low blood pressures, rapid pulse rate, and heart fatigue.

"Circulatory depression, or decompensation, is best divided for surgical operation into three degrees:

"1. Safe.—10 to 15 percent increase of the pulse rate without change in pressure. 10 to 15 percent decrease in blood pressure without change in pulse rate.

"2. Dangerous.—15 to 25 percent increase in pulse rate with 15 to 25 percent decrease in blood pressure.

"3. F a t a l.—Progressively increasing pulse rate above 100 with progressively falling blood pressure of 80 or less systolic and 20 or less pulse pressure, for more than 20 minutes.

"The first degree is never fatal but may gradually merge into the second degree. The second degree, beginning shock, may be regarded as dangerous in the sense that it exhausts the heart and disarms it for defense against continued low blood pressures.

"The third degree is always dangerous to the life of the patient. A vicious circle is established consisting of the low blood pressure, the reduced heart nourishment which in turn still further reduces the blood pressure, and so on progressively. This usually develops within 20 minutes after the third-degree depression occurs and, when once well established, proves fatal at once or at most within three days. The time in which shock proves fatal depends upon the cardiac-muscle reserve and the effectiveness of the treatment employed. Third-degree depression may be present in a patient without the usual alarming signs, but, after the vicious circle is established, evidences of shock become well marked.

Value of Blood Pressure Readings.—"With the palpating finger, no matter how skilled, one can not determine all the characteristics of the pulse or the pulse pressures with sufficient accuracy to be of much prognostic value as to the onset and degree of circulatory depression during a surgical operation.

"Blood pressure- and pulse determinations every few minutes during all of the more serious operations as well as in many of the socalled minor cases are a part of the duties of every anesthetist. The information regarding the patient's fitness for the operation, his reaction to certain procedures and the immediate prognosis can be gained in no other way with the same degree of accuracy.

"The procedure is made convenient and easy by fastening the blood-pressure cuff to the right arm and snugly binding the stethoscope below it with elastic webbing. Readings can then be made at will without disturbing sterile sheets and without losing the continuity of anesthesia.

Preserving Muscle Tone.—"A suitable graphic chart is preferable as a record because the tendencies of the circulation are readily compared from time to time and because the prognosis based upon these tendencies and the character of operative work to follow can be more accurately made.

'Where nitrous oxide-oxygen was available in skilled hands the war has corroborated our previous observations that this form of narcosis is one of the best shock prophylactics we have.

"It is not remarkable that nitrous oxide-oxygen should be safer in shock and in preventing shock than other anesthetics when one recalls the fact that muscle can not be paralyzed with it.

"The greatest responsibility of the anesthetist is, to avoid relative overdosing of the patient in an effort to please the surgeon who may be demanding a flabby musculature.

"The relaxation is not confined to striated muscles of the abdomen and extremi-

ties, but extends to the striated muscle of the heart. The effect is at once reflected by the pulse pressure and, if pushed too far, the diastolic pressure is also decreased, showing the action upon smooth muscle as well.

"The clinical study of blood pressure has convinced us that the final factor in shock is, muscular exhaustion or an interference with muscular action. One thing is most apparent, the average patient having been profoundly anesthetized for extreme relaxation, is half-shocked, in second-degree depression, and it often takes but little trauma to complete the picture of third-degree depression."

In this connection, it is interesting to report that all the members of the Toledo Society of Anesthetists have adopted this standardized conception of cardiovascular depression and are using it graphically on their charts. Their records when compiled should develop some valuable and original information.

H. F. McMecham.

Avon Lake, O.

A CASE FOR SPINAL ADJUSTMENT?

I cannot allow the opportunity to pass without a word in praise of the January issue of Clinical Medicine. It is splendid from cover to cover.

I have read Prof. Beal's address at the meeting of National Eclectic Association, and your article on his speech is splendid.

The surgical articles are most interesting. Doctor Cope's paper caught my earnest attention because I have a case that might be cured by chiropracty. The patient, a section hand riding on a motor truck, was thrown to the ground when the truck struck a spike, being driven in between the ends of two rails and turned over. My patient was thrown and fell upon his head and right shoulders. On examination, I found the spine of the fifth cervical vertebra out of alignment. This, with bruises of the right arm and right leg, were the visible signs of the injury; the reflexes were normal.

On the following morning, the vertebra was in proper line, I presume, judging by the action of the muscles. At all events, I took my patient to San Antonio where the chief surgeon of the road rather smiled at the idea of a displaced cervical vertebra without more pronounced symptoms; however, I had plenty of witnesses to verify my assertions. The patient remained in the hospital for ten days, during which time torticollis supervened. Then, the patient came home and I treated his wry-neck with strychnine valerate and massage and, after a month, he had proper control of his head. Still, he is not well, although the spine seems normal with normal reflexes. So, there you are.

What Friend Clough knows, or does not know, about an automobile was, and is, a frothy relief to the heavier reading.

W. T. Thackeray.

Fowlertown, Tex.

NINETY MEMORABLE YEARS IN WAR-WEARY MEXICO

American brothers, imagine, if you can, the dawn of a ninety-first year on this sanguinary Mexican stage, with the ominous and uncertain shadows of outside intervention brooding over the ghastly scene. Conjecture shrinks in dismay from the menacing spectres which the mystic curtain of early futurity conceals from view.

The past year was the most momentous of the ninety which it completed, repletely reeking with Spanish influenza, smallpox and other current tropical maladies, and with the withering curse of irrepressible revolution, exacting relentlessly labor and hardships such as have never before been rendered in any year of this long and trying ordeal.

Rebel domination of the rural districts is complete and undisputed, extending to within rifle range of our city limits. River steamers not under strong military escort are plundered and their cargoes carried to camps. Recently, an officer passenger opened fire on a party of rebels, who riddled him with bullets, killing four passengers and wounding four others. Some planters, refuging in this and other garrisoned cities, make clandestine visits to their homes. When caught, their families are notified to send stipulated sums of money within a specified time or send for the bodies of the victims to be found hanging by the roadside. A number of such men here recently have paid 300 to 3,000 pesos, selling their property for less than half its value. One man, not a prisoner, was notified that his place would be burned if 10,000 pesos were

not delivered before a certain hour—and it was burned. Contributions of from 5 pesos up are exacted from those who do not seek refuge dominated by federal authority, and these contributions are rigorously collected every month. Even poor laborers are stripped of wearing apparel and bed clothing.

Horses, mules and cattle have disappeared up to within a mile of garrisoned posts. No doctor ventures to visit a rural patient. The three other doctors of the town have fled, leaving me a cash practice barely covering my low living expenses.

Just now, there is free intercourse for the pacific population in the territory occupied by rebels, the poor people coming here to barter their little treasures of eatables for articles of prime necessity, women and children for the most part being the carriers. Stop this paltry daily traffic, and famine would inevitably supervene, as there never is a stock of food on hand for many days in advance. This the rebels may stop at will, and the federal government is too impotent to interpose any relief. Commerce is completely paralyzed, the current money being gold, with silver so scarce that ordinary change-making to any practical extent is impossible.

Such is the situation in Chiapas and Tabasco, the richest agricultural states of Mexico, reported to the committee of the American congress, by the American ambassador, and to the American public by the Mexican ambassador, as being perfectly pacified. Campecho and Yucatan, yet farther south, were included in the pacified list, while horrible bolshevik atrocities were being perpetrated in Yucatan, and Campecho enjoyed about the same grade of pacification as Chiapas has suffered for many years. And, strangely, American and Mexican newspapers have been virtually silent about this vast tropical cradle of revolution, whose devastations and strongholds have defied, baffled and decimated the federal army.

The despair of pacific Mexicans has transformed the ennobling thrill of patriotism, ever arousing popular sentiment against intervention, into apathetic indifference accompanied by the fear that this odious alternative may be the last and only hope of peace.

Still, there is a flitting shadow of hope that the moral pressure of American preparation may be so employed and brought to bear on the Mexican antagonists as to force them to accept the olive branch of peace, without resorting to the horrible shambles of human slaughter which armed intervention would entail. No one here believes that federals and rebels would form an alliance—not even against armed intervention. Should Carranza resolve to fight and were the rebels to array against him or leave him to combat alone, they would be able to plunder the ungarrisoned cities to the utmost, as Carranza would need his last man at the front. But, were the rebels to hold aloof till Carranza is vanquished and then make a guerilla defense, the situation would assume a serious aspect.

However, there are more than 100,000 active rebels effectively tempered for wild, irregular warfare, in a country superbly fitted for such operations. They need but keep out of range of hostile rifles to discount the effective force of the enemy by fifty percent in six months. Aeroplane service would be *nil* against men invisible under their jungle screens of immense virgin forests, almost impassible for pack trains loaded with indispensable rations—encumbrances to which rebels are strangers. Such trains would suffer serious annoyance and loss, in a broken, roadless country, in any movement required by the exigencies of military service. A Mexican carries several days' rations in a haversack, in balls of a substance like corn dough, a handfull of which, dissolved in water, makes a ration. This is the principal food of the laboring classes on plantations, and is known as *Porsol*. The women make it where there is corn and carry it to designated points; and there is an abundance of corn this year, as the grass-hoppers of the past nine years have entirely disappeared.

Whether the rebels could be forced to concentrate in numbers to justify a regular siege, would remain to be proved. It is a feat which the federal troops of Carranza never have attained, and they are inured to the hard fare and arduous service of the rebels. Such rebels will have to be sought far from steamer and rail transportation, where carts, bicycles and automobiles are unknown, and where there are virtually no continuous roads over which cavalry could pass; where climate and disease would be the implacable allies of the Mexicans, calling for but few spasmodic

shots. The life and hardships endured by Mexicans, who have been under rigorous discipline for nine years, Americans cannot adopt in a trice.

An American army could not forage in the rear of retiring rebels, as there would be found nothing but small bunches of corn in widely separated and almost inaccessible barrancas, away from the inevitable line of march, frequently blocked by leagues of impassible mountains, where water is bad or distressingly absent.

Such are the insuperable obstacles of nature wherever rebels maintain nursing cradles when pressed by hostile troops, and these difficulties would retard American progress more than they delay the Mexican federals, whose sheer want of supplies have detained campaigns of promising progress. Deprive men of water and food under the sun of this eternal summer, and armed foemen are not needed to vanquish them. Deep in the valley coves of cloud-capped mountains, impassable except at narrow entrances, rebel bands have vast cattle pastures, corn, rice and bean plantations, worked by slaves collected from plantations, which the federals never have captured.

Native arbitration of arms never will yield a Mexican victory whose fruits will produce peaceful prosperity. A possible rebel triumph would lead to factional conflict that could not maintain the semblance of orderly power for a month. And, there is no longer feasible the hope that Carranza can do more than he has done. His grand and invincible bulwark—*the pacific reserve*—has ebbed away into impalpable quicksand. No charm or spell of his can magnetize again. Once he was the dreamy Washington of these sad dupes of adverse circumstances, in the hands of most of whom he now dare not trust rifles to combat intervention.

Unfortunately, hate of Americans and all that is American is a chronic distemper in Mexico, cherished and treasured by all classes. The better educated and more cultured mask it with polished complacency, but the deep-seated ulcer festers unseen.

Yet, the people of the United States should know and understand that the pacific population of Mexico, and half the federal and rebel troops, desire peace with yearning thirst and hunger, and that these elements constitute ninety-five percent of Mexicans. There are rabid, uncompromising, religious and political influences in Mexico that have halted every possibility of a practical, Mexican-made peace.

The bone and sinew of the husbandmen of Mexico have been forced to support federal and rebel armies and their violent wastefulness for nine years and are yet being bled to the last drop of the vital current in this darkest age of despair. American people and sentiment should rescue the ninety-five percent of perishing Mexicans. They should be blind and deaf to the wails of imperiled and depreciating oil wells, mines and railroads owned by Americans; and all American interests, in any process of intervention, should be secondary to the all-important restoration of peace in Mexico.

The United States may employ the diabolical moral force with which the infernal military machinery is endowed, to persuade the turbulent elements of Mexico that it would be suicidal to precipitate the enfeebled and prostrate country in a war too unequal to offer the ghost of a hope for success.

Were it possible to leave the federals and the rebels cutting the throats of one another, without the inevitable consequences reacting on the suffering pacific population, doomed to support the bloodthirsty factions, arbitrary intervention should be held aloof. The warring elements of Mexico now are involved in hostile conflict, with no pacific contingent disposed to lend voluntary or compulsory help to one or the other of the combatants.

Is there not sufficient astute diplomacy in the United States to exercise a determining influence that will delegate to the pacific population of Mexico the right to be heard and heeded in arranging a peaceful disposition that will determine the destiny of the despairing country?

A rebel force ten times the number of the garrison of this city appeared last week to take the city. The upper stories of the houses on the public square were converted into provisional forts. The rebels retired after three days, after systematically plundering the country to the very suburbs of the city.

ROBERT GRAY.

Pichucalco, Mexico.

Just Among Friends

A DEPARTMENT OF GOOD MEDICINE AND GOOD CHEER FOR THE WAYFARING DOCTOR

Conducted by GEORGE F. BUTLER, A. M., M. D.

Business Women and Hygiene

THAT otiose colored gentleman, who never troubled himself about subsistence so long as his wife could get washing to do, typified one extreme view of woman as a working mechanism in the business world. At the other extreme, there is that indignant reactionist who protests against woman's competition in man's domain and shrieks the sacred names of home and mother.

Between the two, there is a vast body of amused indifference tinctured by radicalism and spotted by militant aggression. Indifferent to both and proceeding with the calm force of an evolutionary movement, is a vast and widening stream of women workers, steadily minding their own affairs, carrying along on its surface the flotsam of things too weak to bar its way. A Nile not "fretted by the reeds it roots not up."

For, this movement is evolutionary, as fully so as any in nature. It is a part of that process of the suns by which the thoughts of men are being widened. The old order changeth, giving place to new, and a very high purpose is fulfilling itself in many ways. This is only one phase.

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The last twenty years have wrought many radical rearrangements in every field of life. The alterations and improvements have come so insensibly that any sudden survey of the whole is startling. We do not realize our own acceleration.

The discovery of radium is only a luminous pinpoint in these later heavens, yet, it has sufficed to reshape every working theory in physical science. We have found how to sail the air as ships sail the water. We transmit intelligence over great distances without wires. We have controlled the element called electricity and harnessed it to half the world's work. At a stroke, so to speak, we have done away with most of the things that used to be regarded as fixed and necessary; we have broken down old walls, let fresh breezes into old chambered spaces and reconstituted not only the manner, customs, methods and standards of life, but in large degree have shifted the direction and quality of life itself.

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Hygiene has become a science, the youngest, most vigorous and assertive of them all, with disease-prevention for its object, and, by sheer necessity, has busied itself in the van of this upward surging tide. In view of all these readjustments, it is useless to criticize the appearance of women as workers. They are here. They are going to stay. They are claiming their rights, and getting them, for two reasons: First, we have passed out of the primitive theory that man is the fighter, the hunter, the one on whom alone falls all the labor outside the family or the home; next, it has become foolish to advise or try to dominate women in the belief that they cannot advise and manage themselves. The argument, that strength and reason are masculine attributes exclusively and that intuition is the single governing process with women, falls away before the unanswerable demonstration of every-day fact, and its place is being taken by an automatic adjustment whereby these three attributes operate harmoniously, both in the home and outside.

Let us recognize this and deal with things as they are. I quote a recent writer:

"Perhaps the restlessness of modern women, which troubles so many good souls, comes in part from the fact that they tired of getting patronizing advice from the opposite sex on matters that are peculiarly their own.

"If it be the motto of the French police to look for the woman, it would seem to be the motto of almost everyone in Anglo-Saxon lands to advise the woman.

"Social standpatters condescendingly tell her what is her 'place and sphere.'

"Presidents and kaisers tell her her duty, which is, to bear many children.

"Bachelor college professors tell her how to economize.

"Jim Hill occasionally tells her how to keep house.

"Preachers, who have imbibed wisdom by sitting at the oily feet of Mr. Rockefeller, tell her how to hold her husband's affections.

"A most impressive reminder of the rapid advancement of women in positions of great business and financial responsibility is to be noted in the work of Miss Christina Arbuckle of Brooklyn.

"Acting as administratrix of the $37,500,000 estate left by her brother, John Arbuckle, sugar and coffee merchant, she is reported as handling matters with masterly skill and success.

"How many of these men who preach the doctrine of confining the 'sphere of women' to household duties would be competent to assume such a job?"

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Miss Arbuckle is a good exponent in this matter, but, there are many others. Mrs. Charles Netcher of Chicago, for inample. Upon her husband's death this able woman took over the management of a great and complicated business of many millions yearly. She reorganized it, broadened it out, accommodated it to the rising whirl of trade in one of the most wonderfully expansive cities on earth, and piled it up into a colossal and magnificent establishment, such as, within the same twenty years, would have been called a wild or impossible dream. You never hear of her. She is a worker, one of the leaders in a distinctive and strictly modern development of high significance in the domestic economy of our day.

I do not say that a man could not have done the same thing. Men are doing things just like it. I merely point an argument with an instance where a women operates the inner springs of vast and successful business actions.

Such women are at the top. They apotheosize the European wife's participation in her husband's occupations. In Germany, but, more particularly in France, the woman is the man's counselor and assistant in the shop or store, making an absolute community of interest with him without assuming headship in the firm or in the family. Some great business women have developed out of that system.

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England followed America closely in knocking away the old restrictions, and, next to this country, even now, shows the widest range of freedom in employment for all who wish to enter fields heretofore occupied wholly by men, in shop or office work. The spirit and effect of that emancipation are delightfully but strikingly shown in one of last season's most successful plays, "The Twelve-Pound Look," a domestic and social comedy reflecting actual life and pointing the meaning and influence of woman's independence won by unaided efforts in honorable business endeavor.

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Few of us stop to consider the effect of the typewriting machine, the telephone exchange, and the skyscraper. It is difficult to dissociate these in their promotion of feminine employment. The machine and the 'phone have become, industrially, the property of women. The skyscraper, forced toward the stars by bulging real estate values, has operated powerfully in concentrating work and consolidating it with comfort, convenience, and hygienic surroundings.

This prevails in many lines, both commercial and professional. As fast as it has been found out that women can manage an office, conduct correspondence, or keep accounts just as well as men or even better, women have been drawn into those employments, and have succeeded—are succeeding in rising degrees from year to year.

These are the lines most fully occupied. The better sort of commercial establishment comes next. Below depends a long list calling for less mind and more muscle. All are augmenting in the number of women employed, but, the department store and the factory call most insistently for that advance in physical and moral conditions without which the general movement itself would work out a breadth of calamity exceeding its benefits by far.

The appearance of women in office work brought with it better sanitation. The instinctive consideration of men for women has done away with the stuffy rooms, poor light and worse ventilation. The development of office buildings on a gigantic scale has been directly influenced toward perfection in architecture and construction by this one thing more than by any other. No such building now is without its rest rooms. All have conveniences that never were

thought of before. Every one of them offers to women the same facilities and comforts that accompany life in the home, as fully as office occupations permit. The result is shown in a marked effect upon the health of men as well as of women. It has demanded and enabled careful sanitation. It has been the cause of universal introduction of highly perfected sanitary appliances that have raised the general health averages of many cities.

The packing together of enough people of both sexes to equal the population of a sizeable country town, keeping them within four walls and under one roof, is attended now by positive hygienic advantages to all, while established custom in the office routine of business in its present form has practically done away with that taint of prurience which accompanied the first large advent of women in business.

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These women have shown ample ability to take care of themselves in every way. They originate in various social strata and, outside their work, cannot be assigned to any class; however, I should say that fully one-half their number are fairly educated and of good antecedents—say of the upper middle class. They have brought a new and valuable element into the business of the country. They have, moreover, demonstrated the power of women for self-sustention, and furnished a practical argument in favor of their right to vote. In that particular, they have gone vastly farther than the women who do the work of horses in some parts of Europe, for instance, in Holland and Belgium, or in the fields of France, and whose natural demand would be nearer oats than votes. They are the aristocrats of labor, broadly speaking. The occasion for help lies among those in occupations of lower pay, longer hours, coarser tasks, and greater risks.

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The women and girls in the great stores —the shopgirls—present a condition that cries out for correction. It is aside from the main point to state the unhappy truth that most of these establishments are informal harems. The pay is small out of all proportion to the labor involved, yet, appearances must be kept up. Arnold Bennett remarked with admiration that the shopgirls of New York were better dressed than any other he had ever seen. His admiration might have been qualified by pity, if he had known more about them. To make their absurdly small wages pay car fare, board, lodging and clothes, the fixed costs of mere living, really is out of the question. Income must be increased from the outside. It is common knowledge that, in a frightfully large number of cases this increase is secured in an ages-old way that needs no further definition here. Employment covers the wretched expedient with a cloak of outward respectability, but, the pitiful fact is none the less a fact for being concealed. How far it may affect changes in the ranks, is impossible to say. It marks a state of helotage standing at bitter opposites with every prompting of freedom and decency.

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But, there are features that are directly reachable and that can be deprived of their power to harm. Some of these are in the control of their victims, others are at the door of the employer.

In most places, where the attendants and salespeople are women or girls, they are kept on their feet from eight to ten hours every weekday. No female can long be subjected to that physical strain and escape serious internal displacements. The abdominal cavity is capable of containing all the blood in the body. Its arrangement does not permit the telescoping process. A long fight is put up by nature to protect that arrangement, and the blood flows from other parts into the area of conflict, until a breakdown comes. Inferior nourishment and insufficient rest add to the damage, and, when the breakdown comes, it brings prolonged invalidism. Escape is open by the avenue of domestic service, which is unanimously detested; or by the other one that leads to the brief, fevered, false life of the lost.

The girls, themselves, through lack of knowledge that should be given to all, aggravate their own plight by a sacrifice to good looks. The corset, which is believed to be necessary to preserve a good figure, is laced into a forced pressure from the waist down, just where there should be support instead. There is no need to be more specific. Pretty much everything about the whole situation is wrong.

If ever an application of corrective and preventive measures were wanted, it is wanted here. The shopgirl is a far more

deserving object of missionary effort than the heathen of foreign parts. Her disadvantage lies in being close at hand instead of on the other side of the world. I do not mean that she requires religious rescue, by exhortation, tract, or otherwise. That has nothing to do with those of her needs that cry out for help, as a part of the progress of the hour, in these days of enlightenment and aggressive hygiene. The moral aspects may be left to other hands, but, the physical considerations are open to the world and should be cared for, not only because of the present, but for the sake of future generations; and, no broad measure of any kind is complete that does not take into account another and a larger population, marching now toward us, irresistibly, out of the nearer depths of time.

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The plight of factory girls, of women and children, employed in the manual labor of sweat-shops and mills, is getting adequate attention as a result of agitations mainly carried on by women of spirit, convictions, and means, and who have compelled attention from law-makers and the public-health authorities. The demand for amendment runs most powerfully in behalf of women in more genteel employments, and the answer to it must come at the hands of some one or several of the societies for industrial, physical, or moral betterment.

Foremost among these associations, to my mind, is the American Society for Physical and Moral Prophylaxis. This society has been organizing a movement to stamp out just such evils, stop corruptions at their sources, and generally lift the level of morality as well as physical hygiene by bringing to bear the most enlightened knowledge furnished by modern science, backed by the sympathy of earnest men and women, working systematically together. Local branches of the society are being organized throughout the land, the cooperation of physicians being especially desired, but, the body of workers and counselors is being drawn from nonprofessional life.

I can not too strongly advise and urge all those, who have at heart the health and general good of the whole public, now and to come, to communicate with the officials of that society. The work and the way to accomplish it will be clearly pointed out.

Human possibility holds out no higher or more worthy thing than helping the helpless, or showing the unhelped how to help themselves. Those who would convert sympathy and altruistic impulse into telling action have here their chance.

SINCE the foundation of the world, man has had nearly all the forces on his side, working with him and for him; his intellect has been stimulated, while that of woman has been abased; he has had the run of the world and all quickening and brightening things, while she has sat in the cinders and, until lately, been illumined only by his reflected light.—Harriet Prescott Spofford.

Among the Books

PETTIBONE: "PHYSIOLOGICAL CHEMISTRY"

An Intermediate Textbook of Physiological Chemistry. By C. J. V. Pettibone. St. Louis: C. V. Mosby. 1917. Price $2.50.

This volume gives the essentials of physiological chemistry. It is for intermediate classes or can be used for advanced work if supplemented by lectures. It aims to set forth the present knowledge of physiological chemistry without entering into lengthy discussions.

The book is divided into two parts, one being devoted to the didactic part of the subject, the other being a laboratory manual that goes only into the simpler experiments and tests in physiological chemistry.

It is still a moot point how much protein the body needs. Mr. Horace Fletcher advocated a low-protein diet. According to the author, a low-protein intake results in a more economical use of the protein consumed. The whole experience of the human race seems to have tended toward a fairly high-protein diet. Perhaps the older standards of 120 Grams protein is too high. A compromise on 90 Grams might be suggested.

This volume is just complete enough to be of great service to the novice in physiological chemistry. The latter is a rather abstruse subject and the medical student, especially, is interested only in its practical applications.

"THE DOCTOR'S LABORATORY MANUAL"

In the course of the last few years the relations between practitioner and library technician have become determined more definitely and the immense possibility of mutual helpfulness existing in the two spheres of activity are being recognized more and more justly.

We have long been interested in the valuable work that is being turned out by Doctor Gradwohl, of St. Louis, in his biological laboratories, and we are delighted to find a small but meaty publication emanating from the Gradwohl Biological Laboratories, under the name of "The Doctor's Laboratory Manual."

This little journal, which is of a handy pocket size, attractively printed in readable type, is edited by our good friend, Philip Skrainka, a circumstance that assures literary excellence for the published material.

We like the first number of this little Manual and trust sincerely that it will flourish and grow. Our best wishes are extended to it.

Copies may be obtained by addressing the Gradwohl Biological Laboratories, 928 North Grand Avenue, Saint Louis.

DORLAND: "MEDICAL DICTIONARY"

The American Illustrated Medical Dictionary. By W. A. Newman Dorland, A. M., M. D., F. A. C. S. Tenth edition. Revised and enlarged. Philadelphia. The W. B. Saunders Company. 1920. Price $6.00.

According to the subtitle, this medical dictionary is "A new and complete dictionary of the terms used in medicine, surgery, dentistry, pharmacy, chemistry, nursing, veterinary science, biology, medical biography, etc., with the pronunciation, derivation and definition; including much collateral information of an encyclopedic character." The dictionary also contains new and elaborate tables of arteries, muscles, nerves, veins, etc., of bacilli, bacteria, diplococci, micrococci, streptococci, ptomains and leukomains; weights and measures; eponymic tables of diseases, operations, signs and symptoms; stains, tests, methods of treatment, and so forth.

This list of all the wealth of information presented in "Dorland's" fully justifies the favor in which it is held among physicians as well as among medical writers. We can not think of any greater praise for the work than to refer to the

fact that this particular medical dictionary is in constant use in the editorial offices of CLINICAL MEDICINE and that its definitions, orthography, and so on, are accepted by us as authoritative.

The latest, tenth, edition, just out, again has to its credit numerous new terms that have been added, while the work has been revised throughout. It contains many features that are exceedingly valuable, not only to the medical practitioner, but, even more, to the student. "Dorland" always has been our favorite and we recommend it cordially to our readers.

BERNSTEIN: "ULTRA VIOLET RAYS"

Ultra Violet Rays in Modern Dermatology. By Ralph Bernstein, M. D. Lancaster, Pa.: Achey and Gorrecht. 1918.

This is a small manual giving the latest and most approved methods of technic in treating skin diseases with the violet ray. It gives the author's own methods and experiences in the treatment of these conditions.

The author employs three lamps in his practice in the treatment of skin diseases—one Kromayer Lamp for its deep penetrative effect, always using the blue filter, and two Alpine Sun Lamps for surface radiations. The Alpine Sun Lamp is ideal for treating the whole body. These quartz mercury vapor lamps generate ozone and the patient receives beneficial results from inhalation as well as from absorption by the blood stream.

There are marked constitutional benefits from raying the whole body. The patient rests upon a couch entirely nude and perfectly relaxed. He usually becomes drowsy and may fall asleep.

In the giving of these general treatments, both the anterior and posterior portions of the body should be rayed—the posterior first and then the anterior, so that perfect relaxation may be more easily obtained in the end.

Immediately after the treatment, there is a general feeling of well-being and alertness, and those who have been troubled with insomnia have found a calmer and deeper sleep than they have known for many a day.

The violet ray has its field of usefulness as well as the x-ray. The physician, even if not directly interested in dermatology, could derive benefit from a perusal of this excellent book, if only for the purpose of acquainting himself more fully with this method of treatment.

HARROWER: "ORGANOTHERAPY"

Practical Organotherapy, The Internal Secretions in General Practice. By Henry R. Harrower, M. D. Glendale, California. The Harrower Laboratory. 1920. Price $1.50.

We are informed that the Harrower Laboratory will send a copy of this book to any physician, once, on receipt of twenty-five cents. That stamps it squarely as advertising literature, pure and simple. If the Reviewer is willing to discuss this book regardless of the "commercial" feature, it is because there actually is a whole lot to it; because it contains an immense amount of valuable information, collected in small compass, which the physician would find it mighty difficult to collate for himself.

Harry Harrower is nothing if not aggressive and alive. The Reviewer recently had a chance of visiting him in his laboratory at Glendale. The whole institution, all the stenographers and office-workers, all the girls filling capsules, and the other employes, the whole atmosphere of the place was pervaded with the breezy, enthusiastic, irrepressible personality of Harrower. And you find the same in his book.

For some ten years, he has been interested in the internal secretions, in the disturbances of the internal-secretion organs, and the consequences to the general economy arising from such disturbances. He has studied hard, both abroad and here, to find out all that could be found out. He has kept in touch with all investigators of the problem, from Prof. Starling down, and has found out a good many things, himself, through personal investigation as well as in association with practicing physicians. The result is all laid down in his "Practical Organotherapy."

The author has the courage of his convictions, without a doubt. As in the case of polyvalent bacterins some years ago, so, more recently, the preparation of pluriglandular preparations of hormones, or, internal-secretions preparations, was objected to in high quarters as being "unscientific." The question of what is and is not scientific seems to have a peculiar attrac-

tion to some people. If a thing is according to authority, it is called scientific; if it is according to nature, it very often is not scientific. Somehow, though, that is not the worse for nature but for "science." In the case of those polyvalent bacterins, the objections may be met with the simple statement that there hardly ever occurs a single-organism infection; that virtually all bacterial infections and diseases are the result of multiple infection invading an organism whose resistance is lowered. Now, if the infectious disease is polyvalent, clinically, it beats any truly scientific understanding to see why a polyvalent remedy should be unscientific. The same is true of pluriglandular therapy.

Doctor Harrower shows clearly in his book that it hardly ever happens that a single hormone-gland is at fault. Indeed, it has been demonstrated conclusively that the hormone apparatus, consisting as it does of a number of glandular organs situated in various portions of the body, is interrelated very closely, and that disturbance of one carries with it disturbance of the others.

While some of these organs may act vicariously for others, their insufficient function is corrected effectively, principally, by supplying hormone substances of the proper kind. Now, if several hormones are lacking, it stands to reason that several of them must be supplied. It seems as plain as the nose on your face, and, yet, we are told that pluriglandular hormone therapy is unscientific because it is on the line of the old-time shotgun prescriptions (horrible!).

However, Harry Harrower doesn't permit himself to be intimidated by such a terrible arraignment. He stands up with his hands in his pockets and his tongue in his cheek and says to the authorities: "Gentlemen, you are talking through your illustrious hats." All of which can be read in this interesting little book.

Incidentally, one thing that ought to be pointed out is, the very attractive and interesting hypothesis of hormone-hunger that Doctor Harrower elaborated in order to explain some, at least, of the many problems obtruding themselves on our attention. Turn to page 27 of "Practical Organotherapy" and study it well.

"Practical Organotherapy" is a useful little book for the practitioner. It discusses the subject itself as well as its clinical application. It pays proper attention to the various coexisting and complicating reasons for dysfunction that may be associated with insufficient hormone action. We are thinking particularly of Chapter 16, Section 5, dealing with the mineral salts in health and disease.

Enough has been said, the Reviewer trusts, to induce many physicians to study the book. It is of no use to "read it." The thing must be *studied*. But, careful study will open up an understanding of a great many problems and difficulties that confront the general practitioner almost daily.

BROWNING AND WILSON: "VENEREAL DISEASES"

Venereal Diseases. A Practical Handbook for Students. By C. H. Browning, M. D., D. P. H. and David Watson, M. B., C. M. With an Introduction by Sir John Bland-Sutton, F. R. C. S. London: Henry Frowde and Hodder & Hodder & Stoughton. 1919. Price $6.50.

Here is a handy little volume, prepared by two thoroughly competent authors and containing all the important facts concerning syphilis and gonorrhea that the medical student and the general practitioner should be familiar with. The work is well written and is certain to be of practical utility.

MASON: "RECTAL DISEASES"

The Office Treatment of Rectal Diseases (Explained and Simplified). By Rufus D. Mason, M. D. Kansas City: Burton Publishing Company. Price $2.50.

The fact that this is the fifth edition of this valuable book attests its popularity among the profession. It is only a small volume of 270 pages. It concerns itself with the medical and surgical treatment of those diseases of the rectum, anus and sigmoid flexure, that can be cured without surgical interference.

The practicality of the writer is attested by the following extract on constipation:

There is no one thing so important as getting the bowels back into the habit of moving at a regular time daily; the patient should be taught that this is the most important event of the day and should never under any conditions be neglected.

He should be taught to exercise in the open air as much as possible; a stroll around the block or a brisk walk of a mile

or two every day. Any brisk exercise that will bring all the muscles of the body in action and open the pores will do wonders.

Regarding pruritus ani, the following statement is made. It is due to a shallow ulcer situated between the two sphincters, more often posteriorly than anteriorly and, usually, in the dorsal midline. In some cases, there is more than one ulcer, and, again in others, there are several clefts which occasionally almost surround the bowel.

This book is dedicated to the family physician. That is eminently proper, for, the general practitioner will find it very valuable. The patient suffering from rectal trouble is very grateful and willing to pay generous fees to the physician who can help him.

STOKES: "THE THIRD GREAT PLAGUE"

The Third Great Plague. A Discussion of Syphilis for Everyday People. By John H. Stokes, A. M., M. D. Philadelphia: W. B. Saunders Company. 1917. Price $1.50.

A popular discussion of venereal diseases can not but be of benefit to many people.

Doctor Stokes is well fitted to be a teacher to those to whom he has directed his remarks in the present volume. Syphilis, particularly, is so fruitful a source of immeasurable misery, not only to the one afflicted with it, but, to all those with whom he lives, more especially the members of his family, that the public should be made familiar with its potentialities for harm. Doctor Stokes' book on syphilis should be given to young men, also to fathers and mothers, for careful study.

POPE: "NURSING"

Pope's Manual of Nursing Procedure. By Amy Elizabeth Pope. New York and London: G. P. Putnam's Sons. 1919. Price $2.40.

The last new book by this well-known author of books on nursing is intended for teaching the practical work of nursing that is usually included in the junior year of instruction. Like her other textbooks on topics intended for the study of nurses, the present work is excellently prepared, being complete and, yet, without any padding.

The Reviewer would like to suggest an addition to the various methods by which medicines may be applied; namely, the so-called sublingual medication. In the last few years, various authors have published brief articles concerning the advantages of placing certain remedies under the tongue for rapid absorption, and, indeed, the Reviewer himself has long since found it preferable to administer in this manner such remedies as glonoin, cactus, nuclein, and several other remedies of easy absorption and without forbidding taste and he believes that the method is well established.

LOWRY: "THE WOMAN OF FORTY"

The Woman of Forty. By Dr. Edith B. Lowry. Chicago. Forbes & Company. 1919. Price $1.25.

A book on the subject indicated in the title of the volume before us, that carries the name of Dr. Edith B. Lowry as its author, contains therein its own recommendation and can be accepted as being worth while for that reason alone. We have frequently had occasion to express our appreciation of the good sense and wisdom manifested by Doctor Lowry in her various contributions on subjects that are exceedingly difficult to handle.

The woman of forty is in a period of her life that has justly been designated as the "critical" time. At that period, about, some of the internal-secretion glands begin to function less vigorously. Her productive period, physically speaking, or, rather, as a mother, is drawing to a close, and sometimes, indeed, very often, the problem of guiding the woman of forty through this dangerous period is a very difficult one, and its success or failure may make or mar a potentially useful life; useful in many directions outside of that of raising children. The problem of the woman of forty always has been more or less perplexing. Its solution demands deep understanding, great sympathy and much wisdom. Physicians owe gratitude to Doctor Lowry for having presented to them a guide that they may consult when they are confronted with this task.

Condensed Queries Answered

While the editors make replies to these queries as they are able, they are very far from wishing to monopolize the stage and would be pleased to hear from any reader who can furnish further and better information. Moreover, we would urge those seeking advice to report their results, whether good or bad. In all cases please give the number of the query when writing anything concerning it. Positively no attention paid to anonymous letters.

Queries

QUERY 6482.—"Angina Pectoris." G. B. I., Nebraska, is treating a case of arteriosclerosis and at times the patient has very severe paroxysms of angina pectoris, with "smothering spells." He is giving the woman arsenous iodide and glonoin during the attacks, and sodium nitrite to reduce blood pressure. We are asked to suggest a line of treatment to be followed in this case.

For the attacks themselves, we must rely now, as always, upon immediate vasodilators, and we know of no remedy that will give as rapid relief as amyl nitrite, perles of which always should be carried by the patient, one being crushed and the contents inhaled whenever necessary. Glonoin is, of course, of great value and in chronic cases comparatively full doses may be necessary to relieve the arterial spasm.

However, every patient presenting anginal symptoms should systematically receive treatment for the underlying arteriosclerosis and, probably, nothing will prove more beneficial than five grains of sodium iodide every three or four hours, with minute doses of aconitine at least three times daily. We have frequently pointed out the extreme value of the latter drug and, indeed, many elderly patients have had to continue such use of aconitine for two or three years, then, on omitting it, had to resume its use because of the return of anginal symptoms.

In all such cases, very careful dieting is essential and it is absolutely necessary for the individual to maintain thorough elimination.

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QUERY 6483.—"Mitchella Repens," J. L. S., Virginia, asks if it be possible to make a concentration of mitchella repens which would embrace the therapeutic qualities of the plant; and, if so, how much fluid extract would one grain of the concentration represent? How much fluid extract does one grain of viburnoid represent? Also, one grain of macrotoid?

It would be possible, of course, to make a concentration of mitchella repens (partridgeberry), but, such a concentration would not, in our opinion, prove particularly effective; and, as a matter of fact, somewhat extensive experimentation with the drug caused us to discard it several years ago. Unquestionably, certain definite results have followed the administration of decoctions of the plant, and we are aware that the berries are popularly considered as a remedy for diarrhea and dysuria.

The plant contains a saponin-like body, frothing in aqueous solution; the water-soluble part of an ether extract of the plant revealed a principle forming a precipitate with tannic acid and with picric acid; it was, however, neither an alkaloid nor a glucoside. No volatile oil was present.

The Eclectics consider mitchella as possessing parturient, diuretic and astringent properties and recommend its use in dropsy, suppression of urine and diarrhea, preferably in decoction.

King's "American Dispensatory," states that the drug "seems to have an especial affinity for the uterus, exerting a powerful tonic and alterative influence upon this organ, and having been found highly beneficial in many uterine derangements, as, in amenorrhea, some forms of dysmenorrhea, menorrhagia, chronic congestion of the uterus, and others."

It has, of course, long been known that squaws drink a decoction of this plant for several weeks previous to their confinement for the purpose of rendering parturition

safe and easy, and similar virtues have been ascribed to it by reputable physicians of our own time.

King points out that the remedy is peculiarly American, not being noticed or used by foreign practicians.

Lloyd Brothers list a "Specific Mitchella," containing 480 grains of the drug to the fluid-ounce, the dose of which is 5 to 30 drops in four ounces of water, one teaspoonful of this dilution being taken every two or three hours.

The writer's personal experience with mitchella repens has been extremely unsatisfactory, and he considers caulophylloid (caulophyllum thalictroides), aletris farinosa and viburnum opulus, as infinitely more effective.

Under the circumstances, we are unable at this moment to tell you definitely how much fluid extract of mitchella one grain of the concentration would represent, but similar concentrations are six times the drug strength, i. e., one grain thereof represents six grains of the dried drug.

Viburnoid has this strength, but macrotoid, derived from cimicifuga racemosa (black cohosh), is twenty times the drug strength.

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Query 6484.—"Wanted: A Substitute for Morphine." C. B., Wisconsin, asks: "Is there anything you can recommend for hypodermic or oral use that will take the place of hyoscine-morphine-cactoid or of morphine-atropine? I use a pill containing: Glonoin (glyceryl trinitrate), gr. 1-250; hyoscyamine sulphate, gr. 1-2000; strychnine arsenate, gr. 1-128, which is very useful. How would a mixture of cannaboid, hyoscyamine, cactoid and strychnine valerate work?"

The writer regrets to state that, in his opinion, no known combination of drugs can satisfactorily replace hyoscine-morphine-cactoid or morphine and atropine, especially for hypodermic use. The very excellent formula you mention unquestionably is useful in very many cases; also, any active preparation of gelsemium, for instance, (preferably gelseminine hydrobromide) may "relieve pain," but, despite assertions to the contrary, it is practically impossible to obtain therewith the results certainly secured from the administration of morphine or other derivative of opium, alone or in combination with hyoscine or atropine.

Cannaboid is an uncertain drug; i. e., some individuals respond thereto, while others require comparatively enormous doses, under which they may pass into a state of excitation.

In our experience, which has been somewhat extensive, cannabis and hyoscyamus cannot be administered conjointly. Hyoscyamus can, of course, be given in combination with cactoid and strychnine.

Your question opens up a vast field, which can hardly be covered in the scope of an ordinary communication, but, we hope, in the course of a few months, to present a paper on this subject in Clinical Medicine. Should you have any further experience along this line or feel disposed to advance any suggestions, we shall be more than pleased to hear from you.

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Query 6485.—"What Was the Cause of Death?" M. B., Michigan, writes:

"I have your book, 'Every-Day Diseases of Children,' and think it one of the most valuable additions to my library that I ever made. I take it down very often, in fact, have it on top of my desk all the time. I have been especially interested in the chapter on membranous croup, as I had a case that proved fatal (and that, swiftly) a week or so ago.

"Usually I never have had any serious trouble, that is, when I have taken care of the case myself from the start. I have used calcium sulphide, iodized calcium and iron in the form of the tincture, together with a laxative, and, in this manner, have treated successfully even diphtheria when in the country and while waiting for antitoxin. The little girl in question, living in Chicago, had a 'severe sore throat', so severe that the attending physician thought it would be necessary to give antitoxin, but, it cleared up apparently and the family came here for the holidays. One week later, she began to get 'a little croupy'. At this time, I was called in to see her brother who was suffering with urticaria. I ordered some iodized calcium for the little girl, though I could not see anything abnormal in the throat. The next morning, I was called back as she could hardly breathe. I instituted the treatment recommended in your book, namely, croup kettle, antitoxin, relaxants and all; but, with absolutely no

avail. Steam seemed to relieve her somewhat. We even did an intubation the last night, after which she breathed more easily; however, she died just the same. There seemed at times to be some small shreds of membrane expectorated. A culture of the throat gave hemolytic streptococci. I gave as high as 1 grain of iodized calcium every half hour. One other physician in this vicinity has had several similar cases and lost every one."

We sincerely wish that we had sufficient data at our disposal to enable us to reach an intelligent conclusion as to the conditions which obtained in your little patient.

Unfortunately, we have no idea of the temperature range, either early or during the twenty-four hours preceding death.

Offhand, naturally one would be inclined to conclude that the little one succumbed to edema glottidis, and, in such case, you would have had to deal with typical fibrinous tracheolaryngitis—described rather fully in "Every-Day Diseases of Children."

As Graetzer-Sheffield remarked, in ordinary spasmodic laryngitis "the threatening symptoms usually subside provided edema glottidis, or fibrinous exudation, does not set in; that is to say, if pseudomembranous fibrinous laryngitis does not develop, which unfortunately is often the case."

In this case, the Klebs-Loeffler bacillus does not seem to have been discovered, though we are not informed, of course, as to whether the physician in Chicago, who first attended the child, made cultures, though you say he "thought it would be necessary to give antitoxin." Had the child suffered from diphtheria at this time, however, conditions would hardly have cleaned up so rapidly and completely as to permit of her leaving home within a week. Further, if the disease was under control or "aborted", we would not expect to find her, a week later, developing a little croup and nothing more. Of course, the presence of the streptococcus hemolyticus merely argues that there was a more serious focus of infection somewhere. Were the child's death due to a profound systemic toxemia, as a result of the streptococcus-hemolyticus infection, the clinical picture would have been comparatively plain and you would, undoubtedly, have had some hyperpyrexia, followed, perhaps, by a subnormal temperature, cold extremities, slow, irregular and intermittent pulse, and death from cardiac paralysis—if the writer may be permitted to use this term in view of the strictures recently passed thereon by the State Board of Health.

The fact that another physician in your vicinity has had several similar cases and lost every patient is of peculiar interest. Under the circumstances, before attempting to venture any definite opinions, we would very much like to have a more detailed clinical picture. Edema glottidis, of course, is not frequently observed and the mere fact that several fatal cases occurred in your town would almost lead one to conclude that this physician, at least, has had to deal with diphtheria.

In a later communication, our correspondent states:

"The funny thing about this case was, that the child did not run a temperature until the last thirty-six hours. At first, it was normal, then went to 100° F., and at the last it was 102° F. The pulse became more rapid the last twelve hours. It never went over 150 while I was there but might have been higher when she died, for, I was not present.

"We intubated her and, in doing so, removed the tube several times and each time brought out a great deal of mucopurulent material. Then, the tube was left in and she did not die of asphyxia for, she breathed very nicely. For twelve hours previous to her death, she began to get weaker but was conscious right up to death; in fact, spoke to her relatives just before dying.

"The other cases I mentioned were, some of them at least, associated with measles. There have been a lot of those cases here. Some physicians call it pneumonia, to take off the stigma. I am satisfied that this little girl did not die of diphtheria.

"There being no asphyxia symptoms when she was declining, leads me to believe that adrenal insufficiency was the cause of death, but all the cases go the same way."

We must frankly confess that the few additional facts presented render the death of your little patient even more puzzling.

You say she did not die of asphyxia, that there was no temperature until the last thirty-six hours, and at the last this was but 102°. The pulse rate, we understand,

"became more rapid during the last twelve hours of life, but never exceeded 150."

It is impossible, of course, under the circumstances, to express an intelligent opinion as to whether or not adrenal insufficiency obtained, but, it is quite possible that your conclusion in this regard is correct.

However, we would be inclined to believe that death was due to toxic myocarditis. As you are aware, a vast number of visceral lesions are caused not only by the action of the diphtheria toxins, but, also, by the invasion of the body by the streptococcus; in fact, in human diphtheria, the large proportion of all fatal cases show infection with other organisms, particularly the streptococcus. For instance, marked changes are seen in the tracheobronchial and the mesenteric lymphnodes. Changes in the spleen are constant, hemorrhages are often observed beneath the capsule, and they are also found throughout the substance of the liver.

More or less renal involvement will be found in virtually all fatal cases, except, perhaps, where death occurs very early from laryngeal stenosis. It is unfortunate that urinary examinations were not made in this case.

We wish you would try to get the physician who has had such an unfortunate experience with his cases, to describe as clearly as possible the symptoms which presented in the majority of instances. You state that some of them were "associated with measles," and that other practicians considered the patient as suffering from pneumonia. As a matter of fact, there should be little or no difficulty in definitely diagnosing measles, and the pneumonia complicating this disease should be as readily identified.

While, of course, we have very little solid ground to stand upon, we are inclined to believe that you have to deal with a streptococcic, or mixed, infection. Would it not be possible to obtain an autopsy in some one of these cases?

Under any circumstances, the early use of a serum or an appropriate bacterin would seem to be indicated. We would also advocate the free use of nuclein, calcium sulphide and echinacoid.

Should another case of this kind come under your personal observation, Doctor, we trust you will keep most careful record and report your observations for the benefit of the profession generally.

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QUERY 6486.—"Use of Thiosinamine." N. J. L., Oregon, wishes to be informed how he can prescribe thiosinamine, i. e., dosage, vehicle, et cetera, the solution he formerly employed with satisfaction having been withdrawn from the market.

It is possible that thiosinamine may now be obtained from Merck, but we believe that the modified form of the drug, fibrolysin (which is prepared by mixing thiosinamine and sodium salicylate) probably will give you better results. This also is prepared by Merck.

Fibrolysin is soluble in water, but the solution should be freshly made, as it undergoes oxidation. The best way to use it is, by intramuscular injection, which is virtually painless.

Neither fibrolysin or thiosinamine, however, have been extensively used in this country. We believe that the thiosinamine compound you formerly used was, owing to the method of preparation, more widely employed by physicians than any other form of the drug.

Internally, the dose of thiosinamine is from ½ to 1 grain three times a day. Larger doses are apt to disorder the stomach.

In keloid, a 10-percent solution of thiosinamine in alcohol, or an aqueous solution of fibrolysin, is injected directly into the part affected, in doses of from 10 to 20 minims, every third or fourth day. The parts around the area may become congested or even edematous. Occasionally, the amount of urine voided is increased materially. Some patients are nauseated or vomit.

The effect of thiosinamine upon certain abnormal tissue is extraordinary. Injected subcutaneously, or, more rarely, when given internally, it causes a local reaction in those parts of the body in which scar tissue exists or where poorly-developed pathological tissues are present. On account of such reaction, the part undergoes more or less resolution and absorption takes place.

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QUERY 6487.—"Chlorazene-Agar in Hematemesis." B. B. M., Indiana, writes: "About ten years ago, I was called to at-

tend a woman who was so badly jaundiced that she looked very much like a cigar-store Indian. The case cleared up nicely under alkaloidal treatment. Again, four or five years ago, I treated her one summer for an 'attack of flux' (I, now, think that this was a mistaken diagnosis), and she recovered. About three years ago, she fell, was unconscious for about forty-eight hours, was taken to the hospital, vomited and passed large quantities of blood. Recovery very slow. I know nothing concerning the treatment she received. About a year ago, I was called; she was again vomiting blood, some clear, many clots. Regained strength more rapidly than when in hospital. About a month ago, I was called again. She was vomiting blood as she had done on all previous occasions. The one complaint she makes is, 'gas and nervousness,' no pain. Just previous to this call, you had sent me a bottle of chlorazene-agar, gr. 1, to try on a morphine addict with inoperable cancer. He disappeared, so, I thought of the chlorazene in this case. The result has been splendid. The woman says for herself that she never has taken anything that gives her the relief that these capsules do. 'I take one of the capsules and in a very short time am perfectly comfortable; if I take a capsule at bedtime, I sleep all night. It sure is the real thing.' No effort has ever been made to get a scientific diagnosis in this case. She has never been rayed, nor given any test meals; so, we all can have a guess as to her trouble."

It is, of course, out of the question for us to venture a diagnosis. Were it not for the absence of pain, we certainly should think that a gastric ulcer obtained. It is just possible that a malignant condition exists, though, considering the history, one naturally feels very doubtful on this point.

One must bear in mind that, ten years ago, a severe jaundice existed, but, the case cleared up and the icterus has not returned. Then, some four or five years later, the woman had diarrhea, and, a few years later, fell unconscious and subsequently vomited and voided, per rectum, large quantities of blood. Another interval of a year or so and again hematemesis occurred. There is another period of rest and again, a month ago, vomiting of blood.

Under the circumstances, one would naturally think of a cholecystitis with, probably, duodenal ulcer, or an ulcer or eroded area in the lesser curvature of the stomach.

It is, of course, rather remarkable that chlorazene with agar, which is supposedly not to be particularly active in the stomach, affords such relief.

Under the circumstances, it would seem most desirable to refer the patient to a competent radiologist. The urine and feces also should be examined carefully, a test-meal given and the stomach contents subsequently examined. If anything really definite is to be done for this patient, such procedure would seem absolutely essential.

We shall greatly appreciate a further report of the results you secure in this case with chlorazene-agar.

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QUERY 6488.—"Gastric Influenza, Meningismus?" B. F. V., Oklahoma, was called, in December last, to see a Mr. X. Y. who complained of very severe pains in the cervical region with a tendency to drawing. The man was a farmer of exemplary life, with no history of specific infection, but, he gave every evidence of profound toxemia. A sedative relieved conditions but, in about forty-eight hours, in spite of good elimination, the attack returned in aggravated form. Consultation was held and elimination increased to too great an extent, so that the stomach was deranged till no medicines could be retained; after that, all medication was administered hypodermically and per rectum. Some symptoms of spinal meningitis were present although the relaxation between attacks seemed to negate a diagnosis of this trouble. At last, the thought of an obscure infection occurred and a dose of subculoyd echinacea was given, after which no further attack appeared and, after the second dose, the patient went on to recovery.

Since that time, there have been four severe cases of hiccough in this vicinity, one of which (the Doctor, himself) was taken to the hospital at Oklahoma City, when, by means of enemas, lavage and withholding of food, the patient recovered.

"February 19, I was called in consultation to a case that gave a history of convulsive seizures. The patient had been kept under partial control by morphine per os, but, I urged 20 drops of subculoyd lobelia, from which the patient relaxed,

eliminating large quantities of bowel contents of an excessive malodorous nature. I urged the administration of this drug at intervals to maintain relaxation, but, this was not done.

"Two days later, I was called again and found the patient acting very much like a hydrophobia patient. There was a history of a previous mild attack similar to this, about a year ago. Another dose of subculoyd lobelia produced complete relaxation and a brief period of consciousness.

"The attending physician had made a diagnosis of spinal meningitis. A specialist from the city was called and a portion of the spinal fluid was drawn. This proved negative for spinal meningitis and influenza; the patient died eight hours later.

"Now, as to diagnosis: The attendant diagnosed it as spinal meningitis with complicating influenza. The symptoms of hydrophobia were so marked as to lead two men, who had been with cases, to declare separately that he had hydrophobia, but, if the spinal fluid was tested for rabies, the finding was negative.

"In view of the similarity to the first case, in which recovery followed the administration of the echinacea, and this epidemic of hiccough, can it not be that there is at fault an obscure infection consequent upon excessive autotoxemia?

"I wonder if anything of this kind has come to your notice. I can not accept the diagnosis of spinal meningitis as there was little retraction, no stridor, and the finding was negative as to the spinal fluid."

We believe it would be unwise to attempt to form a parallel between the first and last cases under consideration and, certainly, under the circumstances, we should exclude from consideration the four cases of severe hiccough that came under your attention between last December and February 19, on which date, as we understand it, you were called in consultation in the case which ended fatally. It is true that during the last few months various atypical forms of influenza have been reported, the infection in some cases exerting its force on the nervous system; in others, on the gastrointestinal tract. Hiccough (singultus) occurs in the most varied affections of the central nervous system, in psychical emotions, above all, however; being produced by irritation of the nerves of the various organs, for instance, those of the stomach, of the kidneys, the uterus, and other organs. In close anatomical connection with the course of the phrenic nerve [through the mediastinum, along the pleura, and the pericardium] is the presence of hiccough in pleurisy, pericarditis, mediastinal tumor, aneurysm, and [on account of the peritoneal branches of the nerve passing between the muscular fibres of the diaphragm] in peritonitis. Finally, it is also plain that singultus occurs in diseases of the liver [on account of the connection of the phrenic nerve, especially of the right, with the plexus diaphragmaticus-cœliacus, from which several branches go to the liver] and in diseases of the stomach and intestines [on account of the supply of both these organs with branches from the plexus cœliacus, to which the left phrenic nerve gives off branches], as complication.

In the case of Mr. S., the predominant symptoms were, in this writer's opinion, due to a profound autotoxemia. We have no idea, of course, of the character of medication in this case, but you state: "The campaign of elimination was increased to too great an extent, so that the stomach was deranged till no medicines could be retained." Is it not possible, Doctor, that the vomiting would have occurred under *any* circumstances and perhaps persisted until alkalinization could have been accomplished? The fact that a single injection of subculoyd echinacea brought about a prompt disappearance of all the symptoms is peculiar, but, undoubtedly, such injection increased the resistance very materially and, thorough elimination having already been secured, the patient went on to recovery.

It is useless, of course, to attempt discussion of the last case; yet, it would seem that you had some meningeal involvement, probably as a complication of a severe influenza infection. There is a difference, as you are aware, between true meningitis and meningismus. In many of these infections, profound sopor or even opisthotonus are evidence of meningeal invasion.

It is unfortunate in this case that an autopsy was not held. You do not give us any idea of the temperature, blood pressure or pulse rate in either of these cases, nor do you say anything about the reflexes. We believe, however, that you may absolutely exclude hydrophobia.

Yeast Therapy

BROCQ in 1899 emphasized the therapeutic importance of yeast. But for a decade the subject lay dormant until the remarkable results obtained by Dr. Philip B. Hawk and collaborators in 1917 at the Jefferson Medical College, the Philadelphia General Hospital and the Roosevelt Hospital, New York.

In all a study of ninety-one cases was made. Tests were made on normal persons to learn the action of yeast in the stomach when given suspended in water, beef tea or orange juice, with meals or between meals.

The comparative effects of living and dead yeast were studied, yeast being "killed" by treating it with boiling water a few minutes. All stomach examinations were made by the fractional methods.

The results shown were remarkable. The yeast treatment gave splendid results in furunculosis, acne rosacea, and constipation.

The treatment was also useful in acute bronchitis, urethritis, conjunctivitis, swollen glands, folliculitis, gastro-intestinal catarrh, intestinal intoxication, arthritis deformans, and duodenal ulcer.

Since these investigations, many remarkable results in Yeast Therapy have been reported by physicians from all parts of the country. Where defective metabolism has been the cause of many functional disorders, it has been corrected by the use of yeast and patients have shown marked improvement.

Three yeast cakes per diem has been the usual dosage—before or after meals, regular Fleischmann's Compressed Yeast—the same yeast employed by bakers in making bread.

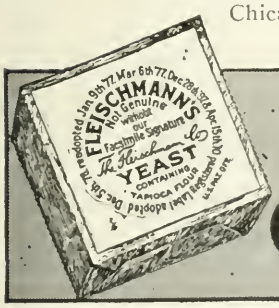
Fleischmann's Compressed Yeast, a chemically pure culture of the yeast species "Saccharomyces Cerevisiæ," is obtained at all grocery stores everywhere. It is free from "wild yeast" and any other contamination.

Send for Complete Report. Dr. Hawk's report as it appeared in the "Journal of the American Medical Association" has been printed for the medical profession. It deals exhaustively with Yeast Therapy and should be in your library. It is sent upon request.

The Fleischmann Company, New York

Chicago, Ill. San Francisco, Calif. Seattle, Wash.

Toronto, Can.



Fleischmann's Compressed Yeast

News Notes Department

As we have already said, the average doctor is not equipped to do his own laboratory analyses, or he has not the time or inclination. In consequence this work is done by experts, as at the Gradwohl Laboratories in Chicago and St. Louis. With facilities in both cities each of which is centrally located, with reference to a countrywide service, those in charge are positioned to meet the diagnostic requirements of doctors generally. Containers for specimens to be tested or examined are furnished free of charge to any prospective patron of the laboratories. For a list of fees charged and other instructions for sending specimens through the mails, those interested are invited to write to either of the addresses given.

Examinations of all sorts are made: blood, urine, sputum, and other body fluids and discharges may be sent in for data preliminary to intelligent treatment. Tests are made for the presence of typhoid fever and syphilis organisms. Two Wassermann tests, if specimens in question are sent in at the same time, will be made for the price of one. When Pasteur treatments are required, they will be forwarded anywhere by mail, with all necessary instructions to guide the local practitioner in applying them. In still other ways these laboratories are useful to the busy practitioner, as indicated in the manual from this source, a copy of which may be had on request.

That heat has therapeutic value in itself nobody can reasonably deny. It is only a question of how it should be applied to the body surface to obtain from it the maximum good in the way of results. The old way, if not indeed the oldest, was to apply it through the medium of the poultice; this was the fashion of our great-parents. It is still in use among us moderns in the form of the clay or mud poultice, this material having largely displaced flaxseed, for example, because more cleanly and retentive. Another way of applying heat is by means of the hot water bottle, as well as the electrical pad. But the latest and no doubt best way of all is to use the incandescent lamp, such as offered by the Physicians' Supply Company, of Waukegan.

This lamp, being of high voltage, throws an intense light upon any selected surface, as desired. It is suspended from the ceiling at the end of a pulley cord and the light itself fo-

MERCURIAL (GREY) OIL

One of the New and Nonofficial Remedies. A valuable adjunct in the treatment of syphilis. Put up in syringes, each syringe containing 10 doses. Credit of 50c upon return of syringe. Pamphlet sent upon request.

$1.50

National Pathological Laboratories

(Incorporated)

CHICAGO
5 So. Wabash Av.

ST. LOUIS
University Club Bldg.

NEW YORK
18 E. 41st St.

DETROIT
Smith Building

BROOKLYN
Chamber of Commerce

Sound Sleep is the best form of Health Insurance

It is coming to be generally recognized that the benefits derived from sleep are in direct ratio to its quality.

Only profound sleep brings complete relaxation from tension and makes possible the lowering of blood-pressure, the slowing of heart action and the recharging of the human batteries.

Every factor which influences the quality of sleep is of medical interest and no factor is of greater importance here than the mattress. Sound sleep is not only encouraged but it is usually assured if the mattress service is proper.

In the Sealy Mattress every requirement of hygienic design, sanitary construction and physiologically correct service has been met. Only long fibre, antiseptically cleaned cotton is used and the special air-weave process makes it a complete unit **without tufting.** This mattress invites deep, restful sleep because of its resiliency, and because of the unbroken smooth surface which molds itself to support every part of the body. It is the ideal mattress for the physician's personal use.

SEALY MATTRESS COMPANY

Sugar Land, Texas

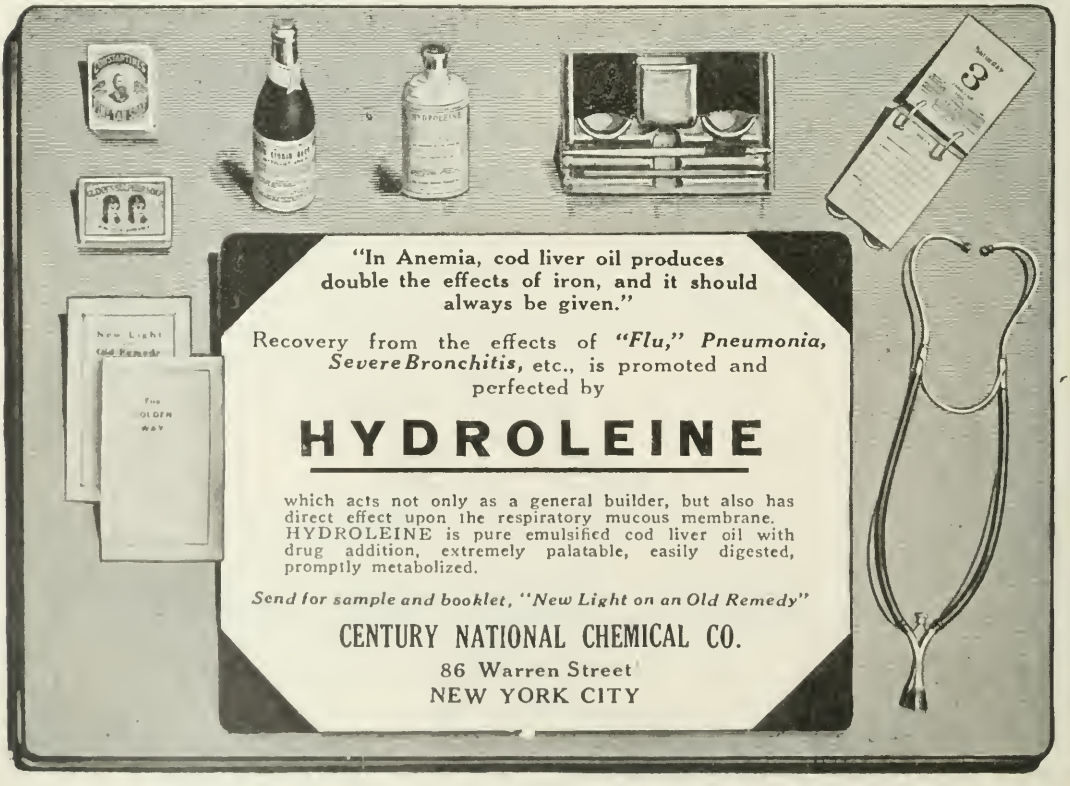
cussed with a proper reflecting shade. To concentrate on any spot is the work of a moment; the effect arrived at, the local condition, the personal element, must decide how long a part shall be exposed to the intense heat thus derived, and here the intelligence of the operator is called into play. With judicious use very good results are had with heat applications, as many know.

We are glad to learn that the H. G. Fischer Company is prospering. They announce the completion of their fine new factory addition, which will increase their working space trebly, and enable them to turn out easily three times more radiographic equipment for physicians than formerly. The new work rooms are spacious and airy and mindful of their employees and their wants, they have opened up a restaurant where the noon meal may be had at cost prices. Additional showrooms, a rest room, and a writing room have been provided for the use and convenience of visiting doctors.

In a word this company is better prepared than ever to meet the general need for electrical equipment. The demand for such equipment is said to be growing and lately has reached the point where the facilities of the trade have been taxed to supply it promptly. This fact it was that lead to enlarging the Fischer plant. It is the intention by increasing the output and keeping down overhead expense in the factory production to sell at the lowest possible cost. A fair margin of profit is all that is wanted in any transaction and a large sales total will be looked for to yield satisfactory earnings. Those of our readers who require anything in the way of electrotherapeutic appliances at this time may find just what they want from the catalogue of this company; a copy is offered to anyone requesting it.

As a source of fine chemicals for medicinal and technical use the Heyden Chemical Works, at Garfield, New Jersey, are well known in this country. On them and others in this line prohibition, along with other abnormal market conditions now prevailing, has a bearing which the public knows little about. For instance, the price of wood alcohol has gone sky high and this commodity is used in the manufacture of many chemicals, among them formaldehyde. Not that only, but wood alcohol is hard to get at any price, which places such manufacturers in a difficult position. We are told that the Heyden people, since the first of the year, have been able to obtain only about 20 per cent of the wood alcohol required by them. We see from this what they have to contend with.

As our readers know too well, the cost of remedial supplies is already high, but such conditions as referred to make it necessary for producers to increase prices still more to meet the cost of production and to make the reasonable and legitimate profit to which they are entitled. We are advised, therefore, that prices on formaldehyde and hexamethylenetetramine, with other medicinal chemicals in common use, were ad-


"In Anemia, cod liver oil produces double the effects of iron, and it should always be given."
Recovery from the effects of "Flu," Pneumonia, Severe Bronchitis, etc., is promoted and perfected by
HYDROLEINE
which acts not only as a general builder, but also has direct effect upon the respiratory mucous membrane. HYDROLEINE is pure emulsified cod liver oil with drug addition, extremely palatable, easily digested, promptly metabolized.
Send for sample and booklet, "New Light on an Old Remedy"
CENTURY NATIONAL CHEMICAL CO.
86 Warren Street
NEW YORK CITY

Whatever Individual Thought May Be

on the general merits of coffee as a table beverage for all the family—

Individual observation inevitably leads to the conclusions that among adults, coffee does sometimes re-act harmfully; and that with children, coffee is indeed a dangerous servant.

Where coffee is contraindicated, a safe and satisfying alternative is found in

INSTANT POSTUM

The agreeable coffee-like flavor conveys no sense of loss from taste; the absence of coffee alkaloids insures freedom from ill results; and its composition from different parts of wheat, roasted with molasses, naturally provides some nourishing value.

Users of Postum Are Its Best Advocates

"There's a Reason"

Samples of Instant Postum, Grape-Nuts, and Post Toasties, for personal and clinical examination, will be sent on request to any physician who has not received them.

Postum Cereal Company, Inc.
Battle Creek, Mich.

vanced the first of March. And still the advances were moderate, less even than warranted, according to market reports, bearing in mind that the cost of essential chemicals is becoming so high that there is danger of their use being unfortunately curtailed or even prohibited.

From all indications the Storm Binder and Abdominal Supporter is being well received, as an article that does what it was designed to do and satisfactorily, for the news comes to us that the demand for it in recent years has greatly increased. Dr. Storm and her company are now moving into their new plant, having bought a building for future manufacturing purposes, located at 1701 Diamond St., Philadelphia.

This certainly is a fine showing; it speaks well for the article in question. Obviously, it is pleasing the physician and the woman for whom he advises it. The advertisement in this issue describes it and further information may be had by writing the company.

It is the exceptional doctor who has a complete laboratory of his own and facilities for making blood, urine and other examinations. The average doctor has not the equipment, nor time, nor inclination for such work in its entirety. He uses the services of some large laboratory which serves hundreds like him with diagnostic data of all sorts. Such a place is the Columbus Laboratories, 31 North State St., Chicago, which we are told have been in existence more than twenty-seven years. They are well known to the local medical profession and also to some extent nationally, having served in this long time a great many out-of-town doctors.

The leaflet sent out indicates a complete service, at fees that are reasonable enough one must admit. Specimens of urine, sputum, pus, gastric contents, and other fluids may be sent in for examination as well as smears, feces and tissue. Blood counts are made, and the recognized tests for diagnosis of typhoid fever and syphilis. Such commodities as water, milk, ice, flour and foods may be submitted for analysis and determination of purity or adulteration, as the case may be. Drugs and proprietary medicinals are analyzed for potency and contents, as well. Organs may be sent in for toxicological examination. Assays are made; dietetic formulas prepared; autovaccines elaborated.

A fee-bill and instructions for mailing of specimens may be had on request.

Announcement by the Year Book Publishers, of Chicago, of a new series of theirs appears in these pages. This series for the year 1920 will comprise eight volumes, the first being issued in May. The first title deals with general medicine and is by Dr. Frank Billings; there are 600 pages on this subject, which no doubt is ably handled by its distinguished author.

For the doctor who aims to keep fully abreast of the times and informed on all new developments in the medical domain these are excellent books. Each one is complete in itself, dealing with one distinct medical branch, presenting to the reader the very newest phase of this branch,

WHY CLUB A COUGH

or attempt to overcome bronchial irritation and inflammation by outraging the stomach with nauseous expectorants or "Knock down" narcotics? Oil taken into the stomach, reflexly stimulates bronchial secretion, relieves congestion, soothes cough, does not disturb digestion, nor mask other symptoms.

TERRALINE

(Petroleum Perification)

is medicinally pure petroleum oil, palatable, without action upon digestion and prompt in its influence upon the respiratory tract. It soothes cough and subdues irritation. TERRALINE is also mildly laxative, when used as an intestinal lubricant. It is an ideal vehicle for many medicinal agents. It is intended for physicians prescribing only, and for the convenience of the physician is put up Plain, with Heroin, or with Creosotes.

In spite of the use of arrhenic compounds authorities advise the "follow up" treatment with mercury and often iodide in luetic conditions.

PIL MIXED TREATMENT (CHICHESTER) is a perfectly balanced, dependable formula containing mercury and KI, well tolerated, active and efficient. Sold in bottles only—never in bulk. Price $1.00 per bottle.

Hillside Chemical Company

Newburgh, N. Y., U. S. A.

Dioxogen

$H_2 O_2$ 12v

A Peroxide of Hydrogen

that is

1. Superior to U. S. Phar. standards for purity and strength.
2. Notably free from irritating or toxic action.
3. Odorless, practically tasteless, neutral in reaction and contains no acetanilid.
4. Powerfully antiseptic, detergent and healing.
5. Invaluable in the home, the office, the factory and wherever a dependable non-toxic germicide is needed.

The Oakland Chemical Co

59 Fourth Avenue
New York City

Antiseptic
Germicidal
Cleansing
Deodorant
Prophylactic

Stable
Non-Toxic
Non-Irritating
Odorless
Non-Staining

the latest of facts, culled editorially, with painstaking care and selection, from the manifold periodicals devoted to medicine the world over. To do this is no easy task. Yet it is done in this instance as in all prior instances successfully, as they know who have seen the advance sheets. In any event, knowing how well previous Year Books have opened up one is quite safe in predicting that the present series will meet expectations, not only as regards the textual contents but also typographically. As usual these books will be illustrated.

It is well to know where to turn in every possible contingency. The doctor, for one, is called upon to do many things, to render many services often unusual, often odd. And if he is able to anticipate them and takes the trouble to forearm himself for every possible urgent call, so much the better. The practice of tabulating information as it comes, for future use, is therefore to be commended. A little therapeutic suggestion or address or source of supply, if consistently filed is always available when wanted, ready for the moment, accessible in a hurry. A reference file, as many know, card-indexed if you wish, saves a great many hours of tedious searching.

The little advertisement in this issue of the Woodlawn Maternity Home suggested the foregoing. The doctor quite frequently finds it necessary to secure quarters for pregnant women out of wedlock, where they may be cared for, confined, and looked after during the ordeal imposed upon them. Here is such a place. Those in charge will even find a home for the infant, parents to adopt it, in case the mother is not in position, as often she is not, to rear to adolescence the infant she has brought into the world.

In view of the growing interest on the part of the medical profession in Benzyl Benzoate as an effective remedy for dysmenorrhea, biliary colic and other painful conditions originating in or attending spasm and contraction of the smooth muscle organs, it is of interest to receive from The Abbott Laboratories, of Chicago, an announcement that they now supply this popular product, both in tablet and liquid form. Further information may be obtained by writing to this firm.

Among the other newer products, now being supplied by The Abbott Laboratories, are Anesthesin-Calcidin Troches, for the relief of tickling coughs; Dichloramine-T (Dakin's popular antiseptic) in convenient tablet form; Procaine with Adrenalin; Cinchophen, Barbital and Barbital-Sodium. A newer form of Barbital-Sodium is the elixir, which is proving popular.

The preparation offered under the name of Dionol is rather an innovation. Available for some time in the form of ointment and emulsion, it is said to consist of hydro-carbons, that is to say, neutral mineral oils, specially selected for gravity, viscosity and other properties, and refined for topical application. No drug action is claimed for it. Its favorable

Investigate and Prove

the practical value of the modern antiseptic agents

Acriflavine GH **Proflavine GH**

by local application, intramuscular, intravenous or urethral injection

In Suppurating Wounds, Septic Infection, Acute or Chronic Urethritis

No precipitation of albumin. Neither inhibit phagocytosis nor delay tissue repair. Diffusible. Potency increased by presence of blood serum. Powerfully antiseptic against staphylococcus aureus, streptococcus, bact. coli., enterococcus anaerobes and gonococcus. ACRIFLAVINE GH and PROFLAVINE GH are far less irritating and toxic than the acridinium derivatives used abroad or formerly sold in this country. A clinical trial will conclusively demonstrate and convince. ACRIFLAVINE GH and PROFLAVINE GH have been accepted by the Council on Pharmacy and Chemistry of the A. M. A. for new and non-official remedies.

Send for literature, directions, price lists, etc.

HEYL LABORATORIES, INC., 437 BARRETTO STREET, NEW YORK

THE TEST OF THE TAMPON

The test of the tampon lies in the action and effect of the medicament it carries upon existing local inflammatory processes. Commonly used agents of this sort act only indirectly as a rule. DIONOL is something decidedly different. It acts efficiently because DIONOL reaches and affects **local inflammation,** acting in accord with the electro-pathology of this morbid process.

USE DIONOL ON TAMPONS

In the Treatment of

Endometritis	**Cervical Ulceration**	**Metritis**
Ovaritis	**Pelvic Cellulitis**	**Leucorrhoea**
Salpingitis	**Cystitis**	**Vaginitis**

Judge Dionol by Performance

THE DIONOL CO.
Detroit, Mich.
Dept. 20

Please send literature, Case Reports, etc.,

.....

.....

.....

THE DIONOL CO.

864 Woodward Ave.

DETROIT - - MICH.

action in conditions of localized inflammation, for which it is recommended, is due it is said to its neuro-trophic influence on the disordered tissues. It acts mechanically, in other words, supplying to the tissue cells the vital qualities that are dissipated in local inflammation, in direct ratio to the amount of pyrexia present. This Dionin does, we are told, by osmotic action, which penetrates the tissues, and coats all the cells and with them the nerve sheaths with a very thin non-conducting layer, which is sufficient to insulate the nerve sheaths and stop the leak and loss of nervous energy.

The theory cannot be expounded in this brief space. It is attractive, one must admit, and worth investigating, for which informative leaflets may be had. Dionin on tampons is recommended by its sponsors for the treatment of endometritis and other similar disorders of the female organism. For such conditions it is reported to be quite effective.

The fact that more and more people, as time passes, suffer from poor and defective vision, due largely to excessive reading, makes refraction a generally lucrative specialty. It is quite noticeable that refractionists are doing well even in towns that would seem too small to support any specialist. There seems to be plenty to do for everyone who goes into this work.

In view of this the home course in refraction, for the general practitioner, as given by Dr. David Crawford, of Guthrie Center, Iowa, has its appeal, even for those who purpose only to fit glasses on the side, as we say. This course, we learn, provides a good working knowledge of refraction at small cost, and in the smallest time possible. It does not take the student away from his practice. Study is done at home in spare hours. There is no wading through long and prolix treatises. On the other hand, the very essentials of refraction are selected and presented to the student. The course is eminently practical; the lessons easy to learn and to apply in actual conditions of life. Those interested should write for a prospectus, giving further information and price for the course.

Nothing is more necessary than sleep and nothing more body-racking than persistent wakefulness. Some need less sleep than others; some ten hours; some only six. The requirement varies but for each person there is a distinct need for sleep in terms of hours, which if not met is sure to tell in terms of ill-health and inefficiency. One cannot be thoroughly fit and at his best physically and mentally who fails to get the quantum of sleep which by nature his organism requires.

It is suspected that less attention is paid to the bed itself by people generally than is proper. There are men who can sleep soundly on a pine board, unmilled at that, but not so with most of us. As regards most of us, whether we sleep well or not, restfully or not, depends very largely on the bed we lie upon, especially the mattress. And this fact makes the advertisement of the Sealy Mattress Company, in the

DOCTOR

The Persistent Puzzling Pain of the

Curable Chronic Case

is removed by the use of

The Roemer Perfect Light — and — Roemer Tension Table

better than by any other means

Write for Particulars to the

Physicians Supply Co.

Kirk Bldg. Waukegan, Ill.

You need them for your own pain

Free Booklet on Request

Patent Pending.

The Pepsodent Page

PAT. OFF
REG U S

Right Answers

"The Pepsodent Questionnaire," written by an authority, gives the right answer to every Pepsodent question.

Every dentist needs it, for countless questions are asked nowadays. Write us for a copy.

* * * * *

How does active pepsin combat the albuminous plaque?

Why is all soap omitted?

Why do modern authorities require an acid reaction?

Why does this acid application leave the mouth alkaline?

Is there any possibility of harm? And why not?

This book will give you the scientific answers.

* * * * *

A common question refers to the polishing agent. It is conspicuously efficient. And the absence of soap makes it doubly apparent.

This book explains that this polishing agent is tricalcic phosphate, finely powdered, bolted through close mesh.

That tricalcic phosphate forms about 95 per cent of the tooth structure.

That exhaustive scientific tests prove it harmless to enamel. In one of them natural teeth have been brushed with it 200,000 times.

The facts will help to remove any wrong impressions.

The Ideal Paste

Pepsodent accords with all modern requirements. It has been indorsed by numerous high authorities. It has been subjected to five years of convincing tests.

It is coming into very wide use. Over two million people yearly write us for a 10-Day Tube. Leading dentists everywhere are urging its adoption.

You will indorse its every action when you understand it.

Let us send you this book. Also a full-size tube if you have not tried it. Cut out this reminder, else you may forget.

PAT. OFF
Pepsodent
REG U S

The Scientific Dentifrice

Based on Activated Pepsin the Digestant of Albumin

THE PEPSODENT COMPANY, 362
5319 Ludington Bldg., Chicago, Ill.

Please send me, free of charge, one regular 50c size tube of Pepsodent, also literature and formula.

Name .....

Address .....

Enclose card or letterhead

present issue, worthy of attention. The stuffing in their mattress is said to be long fibre cotton, antiseptically cleaned before use and so massed, without tufting as in ordinary mattresses, that there is no bunching in places, nor ridges nor unevenness in consequence. Moreover, it is resilient to the utmost, and otherwise hygienically correct. It might well be remembered for the bed-ridden invalid.

Anything that simplifies the work of the doctor is to be commended. The instrument maker who engages in this is to be thanked. For the task that confronts the doctor, in total, is difficult we know even with the best facilities. But of course it is possible only to carry simplicity to a certain point, the point consistent with accuracy. Beyond that simplicity is no longer desirable. Above all the doctor in his determinations must be correct. His diagnosis must be correct. If the means for arriving at it are necessarily long, necessarily complex, there is then no way of avoiding them. If short, so much the better.

There are other and still simpler devices for making blood examinations than that offered by the Rieker Instrument Co. in this issue, but this last is both simple and reliable as to results. There are no dilutions to be made; no confusion of color readings; little or no chance for error. It appears to be most practicable for the needs of office and laboratory. The company supplies it both for candle and electrical illumination. An illustrated catalogue may be had on request, describing and giving prices for this clever hemoglobinometer.

After many months of experimentation, Dichloramine-T is now presented to the medical profession by The Abbott Laboratories in tablet form. Each tablet contains 4.6 grains of Dichloramine-T.

One of these tablets dissolved in 1 ounce Chlorcosane makes a 1-percent solution. By their use, solutions of any suitable strength may be prepared on short notice, even at the patient's bedside.

Abbott's Dichloramine-T tablets, or "A-D-T" tablets as they are sometimes termed, will be found to be very stable, accurate as to dosage, easily carried in the surgeon's satchel or medicine case and easy to dispense.

Dichloramine-T has become familiar to most surgeons. To those who are unfamiliar with this remarkable antiseptic, developed by Dr. H. D. Dakin, literature and prices will be sent on request to The Abbott Laboratories, of Chicago, headquarters for the Dakin antiseptics.

The dispensing doctor has need of course for containers. It is true that the alkaloidist, largely using as he does, tablets and granules rather than fluids, is not so heavy a consumer of bottles as other practitioners, still he cannot do without them entirely. There are always times when solutions are advisable. All remedies are

STEARNS QUALITY FOUNDED 1855

To Whom Belongs the Credit for Introducing Cascara Aromatic?

CASCARA AROMATIC has been so much a part of materia medica for so long a time that many who have not investigated may have the opinion that it has always been in universal use—but such is not the case.

It was not until 1889, when Frederick Stearns, after years of study and experiment, perfected the process for removing the bitter principle and destroying the ferment which caused the griping, that Cascara Aromatic took its place as probably the most extensively prescribed laxative.

Use the Original

The term "Kasagra" was coined and adopted to protect the medical profession, druggists and ourselves against preparations bearing the name "Cascara Aromatic," a title original with us. You can make sure of obtaining the original and genuine full strength Cascara Aromatic by specifying "Stearns' Kasagra" on your prescriptions.

Write for Physicians' Samples

Frederick Stearns & Company
Manufacturing Pharmacists
Detroit, Michigan
In Business Over Sixty Years

WHAT DOES IT MEAN TO YOU

WHEN a manufacturer informs you he cannot make immediate delivery of the apparatus in which you are interested?

Do you stop to reason that it is due to the big demand for his particular apparatus that there is a waiting list?

The Victor Electric Corporation has the largest plant in the world specializing in the manufacture of x-ray and physical therapeutic apparatus — in spite of which fact we are obliged to ask you to wait for some goods for which there is an insistent demand.

An insincere promise might get your order, but this is not consistent with Victor policy. Victor promises are not made to be broken.

Just reason this out—then to be fair to yourself do not allow a delivery date to be the all-absorbing factor in the selection of apparatus which is all important to your work.

VICTOR ELECTRIC CORPORATION

Manufacturers of Roentgen and Physical Therapeutic Apparatus

66 Broadway
Cambridge, Mass.

CHICAGO
Jackson Blvd. and Robey

New York
131 E. 23d St.

Sales Offices and Service Stations in all principal cities

not available in dry form. Some are better given in solution, even though they can be dispensed in other forms. And besides the preference of one's patients must up to a certain point be regarded; there are patients who insist on having their medicines fluid, stoutly declining tablets, granules and capsules.

In emergencies when quick action is wanted from the indicated remedy, it is often best as we know to administer it in solution. Experience has shown that some remedies act more quickly in this form, and in general it is reasonable that such should be the case.

Bottles then are quite necessary. Where are they to be had? Well, the Owens Bottle Company makes them. They are said to be the largest makers of bottles in the world. Bottles may be had in case lots and presumably in gross lots. Those interested are invited to write for prices on bottles of various styles and sizes.

An alkaline antiseptic solution is a frequent need in practice but whether satisfactory or not depends upon the apportioning of the ingredients which enter into it. It is not enough that it is pretty to look at, colored with carmine; nor that it be simply alkaline; nor simply antiseptic. It must be hypotonic. It must be antiseptic without being irritant. It must be in a fair way stimulating to cellular growth and repair without exciting hyperplasia.

Alkalol, announced in this number of our journal, purports to be all that a solution of this kind should be and to prove it the makers are willing to send a sample bottle to all who care to test it clinically. Address the Alkalol Company, Taunton, Mass. It is said to be very satisfactory for surface injuries and inflammations, especially for those affecting mucous membranes. In the treatment of superficial wounds it keeps them clean and encourages tissue repair. It brings results, say the makers, by providing the depleted cells with physiologically needed salts. It soothes and heals.

In cystitis, rhinitis, pharyngitis and other mucosal irregularities it is especially useful, we are told, being bland, cooling, soothing, allaying congestion, forestalling infection. It serves also as a nasal spray and throat gargle, in both a curative and prophylactic way.

Motion pictures showing the surgical uses of Dichloramine-T will be displayed at the April A. M. A. meeting at New Orleans, by The Abbott Laboratories of Chicago. All physicians attending this meeting are cordially invited to see these and other interesting pictures of recent medical and surgical procedures.

The study of anatomy is dry and difficult at best. How dreadfully so it must have been in the days before pictures were as artful as they are today. The printing trade is to be thanked for its service to anatomy or rather to the student of anatomy. With pictures in one and many colors, to depict impressively what the text strives arduously to describe, the study of anatomy has been made considerably easier. To dull pages they add much, giving them spice and lucidity, significance and meaning. Things hard to make plain with

Two Points

of necessity in a doctor's office—

A Paper of Pins

and a box of

Tyree's Antiseptic Powder

One Holds and the other Heals.

TYREE'S
PULV. ANTISEPTIC
COMP.
(ANTISEPTIKOS)
FROM ONE TO FOUR TEASPOON FULLS TO BE ADDED TO A PINT OF TEPID WATER AND USED FREELY TWO OR THREE TIMES A DAY
J. S. TYREE
CHEMIST
WASHINGTON, D. C.

The holding power of the pins you know about. The healing power of the powder is greater because it never slips out. This useful little utility will be ***mailed free*** to doctors upon request.

J. S. TYREE, CHEMIST, Inc.

Washington, D. C.

The Case For Coffee

Number Two

As a rule you do not absolutely cut off flesh proteins from your patients' diet. Yet certain of the intermediate and end products of protein digestion are virulently toxic, capable of producing organic degeneration (sclerosis) or functional disorder, neuralgia, asthma, urticaria, etc. You guard against excess, but you do not forbid moderation. That coffee taken in excess can induce functional manifestations is undeniable. But that, used as it is used by 98 per cent. of individuals, coffee can or does exert the harm ascribed to it is contrary to practical experience or scientific fact. Egg protein poisons a very small number, an infinitesimal proportion of its eaters. Why not condemn for that reason the use of eggs by everybody? Yet this would be as logical and as rational as to attempt to label coffee as a "dangerous" drug! Milk, acting as a medium for the transmission of pathogenic bacteria, has slain many a victim and incapacitated many more. Yet milk is not pronounced anathema! The fuel value of sugar is just as well established as the fact that the *abuse* of sugar is productive of serious disease. The evil action and effect of flesh, milk, eggs or sugar taken to excess can be—has been — demonstrated in laboratory and clinic. Not so in the case even of the abuse of COFFEE. As a matter of fact, the evil effects of COFFEE—as charged, can be—as a rule —ascribed to other causes than the actual action of coffee itself. Remember, gentlemen, that *post* and not *propter hoc,* has always proven to be a stumbling block in the progress of scientific medicine. Consider coffee from the viewpoint of what it *is* and what it *does*, not upon prejudicial or commercially influenced criticism or hearsay. More anon.

Copyright 1920 by the Joint Coffee Trade Publicity Committee of the United States

words are explained in a picture, so that a mere glance suffices to render intelligent a whole page or two of heavy text. Bones, muscles, ligaments, vessels, viscera, all are brought out vividly with good pictures.

The American Manikin Co. goes the limit, as we say, to teach anatomy objectively. Better even than colored charts is their manikin figure for practical teaching. It should have a place in all schools; it is excellent for class demonstrations. Made of wood, nicely veneered with dissecting parts of steel, it is durable and in the end cheap. It stands four feet high, mounted. An ingenious contrivance it is, surely.

When it is necessary to have certain parts of the body bandaged, whether it be for a definite injury or for varicose veins, or as an abdominal supporter, and what not, the customary rubber elastic bandages, stockings and similar appliances have been used, indeed, very widely, but usually with many objections because of the disadvantages of wearing rubber close to the skin. After many attempts, continued through years, to produce a truly elastic bandage that does not contain rubber, the Tetra Bandage has taken the field successfully. Being entirely rubberless, and, while woven of pure cotton, it is beautifully elastic, yet capable of snug application. The Tetra Bandage is easy to apply and is comfortable. It can be washed and retains its elasticity; or, when this is lost temporarily, it can be restored by placing in hot and then in cold water. The Tetra Bandage is porous and permits the free circulation of air. It does not irritate and can be sterilized for repeated use. The Tetra Company, 352 N. Clark St., whose advertisement appears elsewhere in this issue, offers to send free sample and booklet on request.

Irregularities in the circulatory function are so often followed by disturbances of the renal action that the effects of the latter are very naturally apt to be looked upon as actual diseases, being the most evident clinical feature. In circulatory and renal disturbances, one of the distressing results is dropsical effusions which has yielded, in a large proportion of cases, to the administration of certain remedies that stimulate and support the impaired heart action. Among these preparations, Anasarcin often is of value as will readily be seen on examining the formula: Each tablet of Anasarcin contains Scillipicridin, gr. ¼; Scillitoxin, gr. 1/100; S. E. Oxydendron Arboreum, gr. ¾; S. E. Sambucus Canadensis, gr. ¾; Diluents, Q. S.

A great many diseases of bacterial origin depend fully as much upon predisposing causes as upon infection with their related microorganisms. That is to say, infection occurs very frequently, and, indeed, almost universally in persons who are obliged to travel around much in railroads and street cars, or to be in crowded places. As long as the bodily functions are carried on normally, the organic

NOW ENTIRELY AMERICAN

MADE BY THE ORIGINAL PROCESSES

Sajodin

PALATABLE and EFFICIENT
IODIN MEDICATION

Especially for Prolonged Use as in
ARTERIOSCLEROSIS

and when Iodides disagree

Helmitol

AGREEABLE and RELIABLE
URINARY ANTISEPTIC

For Acute and Chronic Cases of
CYSTITIS, URETHRITIS

and Renal and Other Infections

VERONAL and VERONAL-SODIUM

The Well-Known Hypnotics

Sold Exclusively by

WINTHROP CHEMICAL COMPANY, Inc.

189-191 FRANKLIN STREET NEW YORK, N. Y.

LOESER'S INTRAVENOUS SOLUTIONS

The Successful Treatment of Asthma

By employing the intravenous method the practitioner is able to obtain such positive and uniform results from Sodium Iodide as to make it appear that this well known remedy is possessed of new therapeutic value.

Paroxysms of true bronchial asthma are relieved at once.

Asthma associated with nephritis, focal infection, protein retention, responds with certainty, to a routine of an injection, every other day. Albumen diminishes steadily.

One dose will not cure; six injections should show improvement in all reasonable cases.

Frequency of attacks reduced and disposition to return apparently removed as routine of injections progresses.

Few cases require more than twelve injections.

Iodides provoke elimination of purines and other nitrogen products of disturbed metabolism.

LOESER'S INTRAVENOUS SOLUTION OF SODIUM IODIDE.

20 cc. in sealed glass ampoule contains 2 Gm. (31 grains) Sodium Iodide U. S. P. 6 ampoules, per box $6.00.

Indicated in Asthma, Bronchitis, Arteriosclerosis, Pneumonia, Acute and Chronic Nephritis, Syphilis, Goitre, Tuberculosis, Arthritis, etc.

SEND FOR A COMPLETE LIST OF INTRAVENOUS SOLUTIONS AND REPRINTS

NEW YORK INTRAVENOUS LABORATORY

110 East 23rd Street, New York City

Producing Ethical Intravenous Solutions for the Medical Profession Exclusively

resistance usually is sufficient to hold the infections in abeyance, and to prevent the related infectious diseases. But anything that lowers the resistance of the organism makes it liable to acquire a disease, the infection for which is present. Among the agents that predispose to disease, colds and persistent coughs are notorious. It is important to increase the resistance of the body and to restore its functions to normal. A serviceable "tonic" remedy for this purpose is found in Gray's Glycerine Tonic Compound, which is prepared by the Purdue Frederick Company. If you desire samples, Doctor, ask for them, and tell the makers that your attention was called to their preparation in CLINICAL MEDICINE.

"There's a reason"—What's that? O, Postum,—sure, it's Postum, and also Grape-Nuts. Drink and food, as nutritious, as wholesome and clean as can be; free from any possibility of doing harm. That is the brief characterization of postum and of grape-nuts. Postum for food-drink; grape-nuts for food, readily prepared, tasty, satisfying, and free from the chance of becoming monotonous because it may be served in so many different ways. By the way, we suggest, doctor, that you ask the Postum Cereal Company, Battle Creek, Michigan, for literature on both these products. It it interesting; not only on account of the story showing how and where these two food-products are manufactured, but, also because certain booklets are full of suggestions as to how they may be served daintily and attractively. By all means, give the youngsters both of them. Better not let them drink coffee anyway. Grape-nuts will do for yourself and the other grown-ups, too; just as well as for the kiddies. And, if you think that coffee "gets your goat," why not switch over to postum?

If it is recognized that leucorrhea usually is symptomatic of an inflammatory condition of the endometrium, or of the vaginal mucous membrane, the advisability of local treatment is evident. It is not always sufficient to administer or order periodical douches whether for the removal of the accumulated pus and mucous discharge or for the treatment of the inflamed parts, and many times vaginal douches are not feasible. In any case, it may be advisable to insert remedial agents that have a germicidal action, while at the same time they allay congestion and correct relaxation of the mucous membrane. For this purpose the Micajah Medicated Wafers, made by Micajah & Company, Warren, Pa., are recommended as being germicidal, astringent, mildly stimulating, non-toxic, and non-irritant. Samples and literature are supplied to physicians on request.

Despite the deserved popularity of salvarsan and its derivatives and imitation, the employment of mercury and of iodine in the treatment of syphilis has retained its full importance, particularly for the chronic forms of the disease, and in those forms in which the integument is involved or where it is a ques-

SPIROCIDE

A New Mercurial Treatment for Syphilis

BY FUMIGATION AND INHALATION ONLY

NO NEEDLE—NO INUNCTION—NO STOMACHIC MEDICATION

NO APPARATUS NECESSARY — TECHNIC SIMPLE

SPIROCIDE CORPORATION

153 W. 23d St. - - New York City

SEND FOR THIS FREE PACKAGE OF THORO SKIN CLEANSER

White Enamel Holder Price....$3.00

IT'S BETTER THAN SOAP

Doctor, we want you to try THORO at our expense. We want you to try it on your own hands and see how soft and smooth it makes them. You will be surprised.

THORO is a remarkable combination of sterilized corn meal, olive oil and boracic acid. It comes in a nickel top refillable 4 ounce container, fresh to your hands—the first it has ever touched. It makes a delightful creamy lather which removes every trace of dirt. No matter how often you wash your hands you will find THORO prevents chapping and cracking of the skin. It is fine for bath, face, shampoo, and for all toilet purposes. Dr. H. J. Achard of the Clinical Medicine staff, says. "THORO is the best thing for shaving I have ever used." Doctor, send for a package today. It's free.

We also supply THORO in one pound packages at $1.00, and a beautiful white enamel dispenser for $3.00. This should be in every doctor's office, every hospital and public institution. To physicians desiring to install THORO in their offices and homes, we will send installation outfit of dispenser and one pound package of THORO in carton, prepaid, for $3.50. Two THORO outfits, one for residence and one for office, may be ordered at this price.

THE THORO CORPORATION
225 W. Huron St., Chicago, Ill.
Dept. L.

☐I enclose $.... for which send me.....
Combination Outfits for THORO installation.
☐Please send me Free Sample 4 oz. package.

Name .....

Address .....

tion of preventing such involvement. The difficulties attending the continued simultaneous administration of mercurials and of iodine were overcome in the mixed treatment according to Chichester's formula, which is put up in Pil. Mixed Treatment (Chichester), prepared by the Hillside Chemical Company (Inc.), Newburgh, N. Y. It is claimed for these pills over other methods of administration that they are easy to take, that the two active remedies, the mercury salt and the potassium iodide, in this particular combination are readily soluble, that they do not diminish the appetite or injure digestion and that they are convenient to handle, especially for traveling men. If you write to the Hillside Chemical Company, doctor, please mention that you saw the advertise-

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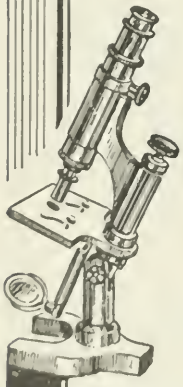
The newer physiology, with its enlightenment on the chemical regulators of metabolism, has shown us that a prolific source of the asthenias is to be found in functional deficiencies of the glands of internal secretion. Experience with organotherapy not only has confirmed the findings of physiologic and pathologic research, but has offered great encouragement to the practitioners by yielding fruit in this somewhat barren field. Valuable therapeutic results are being achieved by the use of extracts of the glands of internal secretion, singly or in suitable combinations and, in many cases, pluriglandular therapy offers great advantages over the use of monoglandular preparations. When a physician, in a discussion on neurasthenia before the Section on Nervous and Mental Diseases of the American Medical Association, at the annual meeting in 1913, said "I wonder if polyglandular insufficiencies are sufficiently appreciated to be held accountable for a fatigue syndrome," he stamped himself as a progressive, for, our increasing knowledge of the internal secretions and the part they play in the etiology of such syndromes is just beginning to materialize. The G. W. Carnrick Company, 23 Sullivan St., New York, have done much to make the attainment of newer physiological researches practical by supplying reliable preparations of glandular substances. Among them, Hormotone, which is truly designated as a pluriglandular tonic, is of particular interest. The manufacturers are always willing to reply to questions concerning this and other products.

The sensitiveness of children to opium is one of the most potent reasons for employing a substitute in its place in the treatment of diseases of children. It has been found that Papine (Battle) is well borne by children to whom opium or morphine was intolerable, but when it is remembered that in the manufacture of Papine, through a special process, the narcotic and convulsive elements of opium have been eliminated, the reason for this point of Papine's superiority over opium will be well understood.

Papine (Battle), as is well known, is a product of opium subjected to a process which, while retaining the analgesic and sedative properties of the drug, separates from it its



Test and Confirm

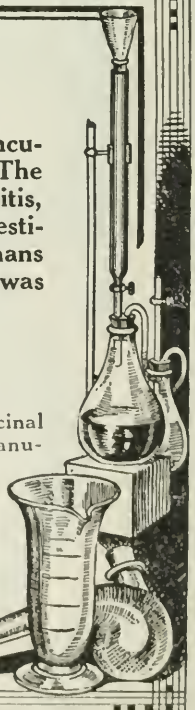
"The yeast treatment gave the best results in furunculosis, acne vulgaris, acne rosacea and constipation. The treatment was also useful in acute bronchitis, urethritis, conjunctivitis, swollen glands, folliculitis, gastro-intestinal catarrh, intestinal fermentation, arthritis deformans and duodenal ulcer. The laxative effects of the yeast was observed in cases other than those of constipation."

But, when using yeast, prescribe it as

CEREVISINE

an especially prepared Saccharomyces cerevisiae for medicinal use supplied in the form of tablets for internal, and also granulated for external use.

Samples and literature on request.



Laboratories Dr. Ph. Chapelle
Paris -- New York

E. Fougera & Co., Inc.
90-92 Beekman Street
New York

HAY-FEVER

Can be Prevented

CLINICAL results, covering more than 12,000 cases, attest the value of **Pollen Antigen.**[1] During the past five years, from 1915 to 1919 inclusive, **Pollen Antigen** has afforded relief from hay-fever by conferring an average protection of 82.7%.

THE treatment with **Pollen Antigen** should be started six weeks before the date of the usual onset of hay-fever. Even in those not protected, the symptoms are usually rendered mild and the attack cut short.

POLLEN Antigen is now universally used for hay-fever because:

1. Contains all the antigenic properties of pollen grains.
2. Will not deterioriate.
3. Standardized by complement fixation.
4. May be used without preliminary diagnostic tests.
5. Gives uniformly consistent results each year.

REQUESTS for further information are invited.

Lederle Antitoxin Laboratories
511 Fifth Avenue
New York City

Chicago Kansas City New Orleans Minneapolis
San Francisco Montreal Winnipeg Buenos Aires

[1]The name POLLEN ANTIGEN denotes the product of the Lederle Antitoxin Laboratories.

objectionable qualities, leaving the finished product of more than ordinary worth as an opiate for use in children.

In a matter of office furniture, physicians' chairs, both for examination and for treatment, medicine cabinets, and so forth, the W. D. Allison Company, Indianapolis, Ind., has long been a reliable and appreciated source of supply. The Allison line of physicians' chairs, tables, stools, et cetera, including chairs for dentists and tables for osteopathic treatment, constitutes a line of furniture as beautiful as it is practical. We are attracted also by many other apparatus, specialists' tables, accessories, cabinets, fracture beds, microscope and laboratory tables, and so on, all of which are tempting and containing promise of splendid service and satisfaction. The Allison furniture must be seen to be appreciated. Physicians who own these beautiful things are not willing to give them up, and those who see them at the exhibits of medical societies want to buy them.

The making and fitting of artificial limbs is full of problems. Many years of experience and practice, many years of careful study, are required to qualify a man to do the work properly. The anatomy of the stump, the circulation of the blood, the location and function of glands are not the same in all and should be understood by the fitter, otherwise grave consequence may result. The makers of artificial limbs in our country have a great task before them because many men who have lost portions of arms or legs will require protheses in order to replace or cover up the loss. Among those whose services have been available for many years and with happy results to the clients, A. A. Marks, 692-702 Broadway, New York, is one of the best known.

Of the time honored domestic remedies that really merit a place in the family medicine chest, witch-hazel easily ranks among the first and in speaking of witch-hazel, one is naturally reminded of Pond's Extract, which has been a standard preparation of this remedy for many years. Witch hazel offers a useful remedy for irritated conditions of the nasal mucous membrane, also it is often successful in the treatment of capillary bleeding and seems to do good even in hematemesis and hemoptysis as well as in hematuria. There are many uses in the treatment of sores and ulcers for which witch-hazel is the remedy of choice, and, speaking of witch-hazel, as already said, we think of Pond's Extract. The Pond's Extract Company of New York stands ready to give you any information you may ask for, Doctor, with respect to their preparation.

Any device that will save time for the busy doctor without sacrificing accuracy of results is a good thing. Such an article has buyers awaiting it; and commercially is a foreordained success.

Is that known as Lister's Sugar Test of this sort? The advertisement this month in our pages, is promising to say the least. It is said

"Days of Torment—Nights of Misery"

is a classical description of the suffering caused by hemorrhoids, when operation is refused or impracticable. In such cases

MICAJAH'S SUPPOSITORIES

relieve pain, itching, burning, stop oozing, prevent infection, subdue inflammation, often shrink the size of the pile tumor and thus keep the patient comfortable. Contain no narcotic, prompt to act, prolonged in effect. Do not irritate. Reliable, Safe.

MICAJAH & CO., Warren, Pa.

Send samples of Suppositories, literature and booklet.

.....M. D.

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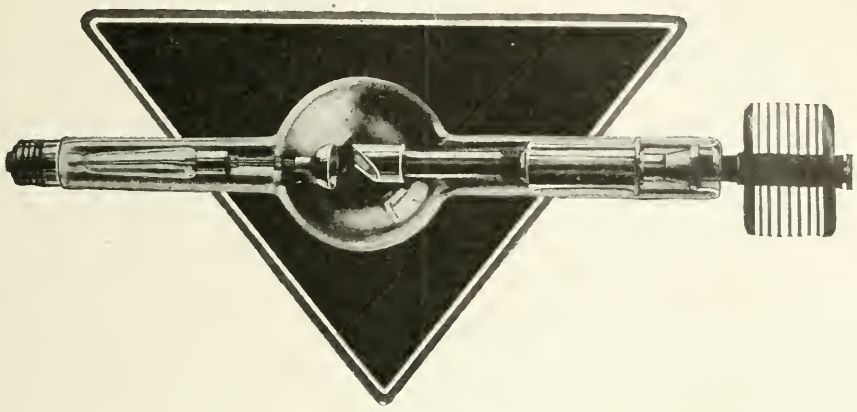
(B)

Ethically advertised to the medical profession only

MICAJAH & CO.

Warren, Pa.



For Diagnostic Work

The Radiator Type Coolidge X-Ray Tube

Available in either 10 milliamperes or 30 milliamperes capacity

General Electric Company

General Office Schenectady, N.Y.

Sales Offices in all large cities

35B-32

to be very simple, easy to use in the office or at the bedside in the home, and quick for determining sugar percentages in urine. It operates by producing a color reaction which is very sensitive and quickly perceptive, that is, by changing the deep blue of the specimen tested to a clear white or transparency, without precipitation. The complete outfit, which is portable, consists of test-tube, dropper and sufficient reagent for the making of twenty tests. The price asked is little enough.

To all interested, Lister Bros., New York, will be glad to send a descriptive circular. As before said, short cuts in every field of work are generally appreciated, were never more so than today, and in consequence a good practical article that will do no less nor less well what complex and very technical apparatus and processes have hitherto done, is not likely to become shelf-worn.

It is a good many years since the importance of uric acid toxemia for the causation of disease was first stressed. The idea was ridiculed severely and branded as nonsense; still the literature, of the last few years, on acidemia has grown to very respectable proportions.

For the treatment of uric acid toxemia, the administration of lithia salts has been found to be of particular merit, a good representative of the lithia preparations being Thialion, which is prepared by the Vass Chemical Co., Inc., Danbury, Conn.

This concern has issued an interesting pamphlet on the uric acid toxemia in all its phases, including its treatment with Thialion (a laxative salt of lithia). In this pamphlet numerous articles are reproduced from current literature on the subject of those diseases that originated through the excessive contents of the body fluid in uric acid.

The Flavine preparations, namely, Acriflavine and Proflavine belong to those very interesting chlorine-bearing antiseptics which have gained a deserved popularity during the war. One of their principal claims for recognition is based on the fact that their bacteriotropic action is far greater than their organotropic effect; that is to say, while they exert a distinctly deleterious action upon the bacterial substances even in high dilutions, they do not injure the cells of the body unless in very strong solution. The Flavine preparations are being employed with considerable satisfaction by many surgeons in place of chloramine-T (chlorazene) and its congeners. It is claimed that solutions of 1:1000 are innocuous to the tissue, not interfering with the function of the phagocytes while they are decidedly bactericidal. Furthermore, it seems that the antiseptic action of Flavine preparations is increased by the presence of serum. In this country, the Flavine preparations are marketed by the Heyl Laboratories, Inc., 437 Barretto St., New York, who should be addressed for literature on the subject.

The Management of an Infant's Diet

Infants' Stools

Regularity in bowel movements contributes much toward normal, healthful progress, and a knowledge of the number and character of the stools during each twenty-four hours is an important part of the general management of early life and assists much in properly adjusting the diet.

Suggestions for the regulation of infants' stools by slight changes in the make-up of the diet and particularly in relation to

Constipated Movements

are given in our book, "Formulas for Infant Feeding," and in a pamphlet devoted especially to this subject. This literature will be sent to physicians who are interested in the matter.

Mellin's Food Company, Boston, Mass.

Kellogg's KRUMBLED BRAN

HERE is a new all-bran food that has earned well-deserved attention from the medical fraternity. Unlike any other cooked bran food, its delicate flavor and pleasing appearance provides a treatment for constipation that is

Easy for the Physician and Pleasant for the Patient

Kellogg's Krumbled Bran appeals to the sluggish appetite of the "finicky" patient. There's no trouble about having your prescription carried out. It is entirely different from any bran food ever originated; it is made by a new process—does not look like bran and does not taste like bran, but is *all* bran. A most satisfactory method of providing bowel regulation through diet.

Every package of genuine Kellogg's Krumbled Bran is protected with the Kellogg "waxtite" wrapper and guaranteed by the signature of—

W. K. Kellogg

KELLOGG TOASTED CORN FLAKE CO.
Battle Creek, Mich.
Toronto, Canada

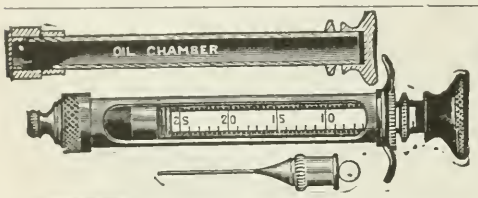
The longer we employ mineral oil in our practice, the more we are impressed with its decided possibilities for good. Much has been written about the merits of mineral oil as a gentle laxative, and we may properly claim the indulgence of our readers if we do not present them with a long dissertation here in this place. We can but repeat that, in many instances, it is far preferable to employ a preparation for the emptying of the intestinal tract that has no action, either stimulating or irritating, upon the abdominal organs (as it is exerted by the typical laxative drugs, such as aloes, cascara, rhubarb, etc.) but that coaxes along the intestinal contents by smoothing and lubricating the pathway, thus, at the same time, soothing the irritated mucous membrane. We like mineral oil in children, also often in women, although many times we have found it of superior advantage in men likewise. While it is not the best remedy to use in absolutely all conditions of constipation, it is so in many cases.

As for a dependable, pure and efficient mineral oil, we can but reiterate that Nujol, the product of the Nujol Laboratories, Standard Oil Company (New Jersey), 50 Broadway, New York City, can be counted upon to deliver the goods.

A generation or more ago, the sentiment of the medical profession was in favor of descriptive names of ethical remedial agents; the opinion prevailed that names indicative of the composition of pharmaceutical agents offered ample protection against confusion. It was in conformity with this sentiment that Glyco-Heroin was selected as the most appropriate name for what has come to be one of the most universally esteemed respiratory sedatives.

But experience ultimately proved that the nondescriptive appellation affords a much greater measure of protection against confusion. Accordingly, Glykeron was selected as an alternative name for this preparation.

Glykeron and Glyco-Heroin now being synonymous appellations, and familiar as such to all dispensing pharmacists, the physician may use these names interchangeably when prescribing what was originally known only as Glyco-Heroin (Smith). Since Glykeron is the more distinctive



Our Hypodermic Syringes all have the new style HOLLOW Pistons which are filled with oil clear to the outer ends, so that the packing NEVER dries out, the Pistons NEVER work hard, the Syringes NEVER leak, and the oil being 5% carbolated, keeps the Syringes automatically aseptic without boiling, and, if broken, these Syringes can be repaired on the spot by the physician himself.

☛ Pistons of old style Syringes replaced with our new HOLLOW Piston and returned promptly.

THE WESTERN SUPPLY CO. Canton, Ohio

N. B.—Send for our new descriptive Catalogue and also for free sample of our Gold Medal Special Needles.

CALCREOSE

Better Creosote Medication

Dr. Lawrason Brown of the Trudeau Sanatorium, Trudeau, New York, speaking of the use of creosote in the treatment of pulmonary tuberculosis, in Osler's Modern Medicine, Vol. I, p. 504, says:

"* * * * seems to act almost as a specific on the accompanying bronchorrhea and intercurrent attacks of simple bronchitis."

The principal reason why creosote has not been used to a greater degree is because of its untoward effects on the stomach.

CALCREOSE contains approximately 50% of creosote.

CALCREOSE has full creosote action but is free from any untoward effects on the stomach, even when administered in comparatively large doses. Therefore,

CALCREOSE is an ideal form of creosote medication.

Write for Further Details

The Maltbie Chemical Company

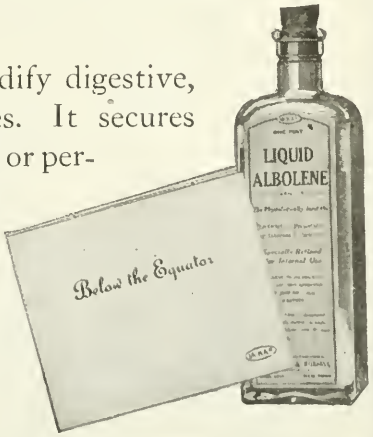
NEWARK, NEW JERSEY

Below the Equator

"BELOW the Equator" has been facetiously used to describe that region of the human body that is below the waist line—a region which favors intemperance in action and a tendency to excess, where there is heat moisture and an abundance of fermenting and putrefactive material—which without exceeding care is apt to result in stagnation—or, to use the familiar term, constipation.

In the treatment of simple constipation, Liquid Albolene (from Russian Oil) has more than one established fact and scientific reason to justify and recommend its use. It has no medicinal or drug action, hence it cannot irritate, over-stimulate or aid in the formation of a habit. Physiologically it is inert.

It cannot interfere with or modify digestive, metabolic or absorption processes. It secures and produces its results by teaching or persuading the bowel to resume or recover normal physiological function and habit.



McKESSON & ROBBINS, Inc.
Manufacturing Chemists
Established 1833 91 Fulton Street, New York

appellation, its use is suggested to physicians when prescribing this well-known preparation for cough, bronchitis, pneumonia, phthisis, whooping-cough and kindred affections of the respiratory system.

You want to make money, Doctor, don't you? That is to say, you want to be sure of accumulating a competency so that you will be able to live on your savings when you are no longer able to work actively. At the same time, you want to be certain that the money that you put by, and invested honestly, will earn a fair return and will accumulate, producing, in course of time, a satisfactory and efficient capital, while it is not subject to the vagaries and dangers of wild-cat speculation. You don't care so much to acquire great riches over night. Doctors do well to leave that to others. They have no time, nor can they afford the nerve-racking strain of speculation. However, you wish to invest your money, Doctor. It is well to trust one or two firms of brokers or investment bankers who are known to be reliable and conservative and who will give you the advantage of gilt-edged investments that in course of time will develop into satisfactory "fortunes" whether these be large or modest (that depending, of course, on the amount of savings put by from month to month, from year to year).

We are glad to be able to recommend Kriebel & Co., Inc., 145 S. LaSalle St., Chicago, who will take care of your savings, immaterial whether you can put by five or one hundred dollars a month, and will get the best possible results for you. It goes without saying that everybody should look to the future and put by as large a sum every month as he can spare from his necessary expenses. Kriebel & Co., will tell you how to invest such savings to the best advantage. Suppose you let them send you a copy of their little booklet "Getting Ahead."

There was a time when creosote and all creosote preparations were proclaimed as "specifics" in diseases of the lungs. Later they were classed as semispecifics, or false specifics. The most recent attempts at impressive terminology have introduced the high sounding name of "chemotherapy" for all drug treatment, more especially a few forms of it; which is perfectly all right be-

Pond's Extract

Few remedies will be found so promptly effective in relieving the acute distress of Tonsillitis as Pond's Extract. Used as a gargle every hour—a tablespoonful to a half glass of hot water—its soothing effect is soon manifested by a marked decrease of the pain and discomfort, and a decided improvement in the throat condition.

POND'S EXTRACT CO.
New York
London

Tonsillitis

FROM PUBERTY TO MENOPAUSE

THROUGH this period most women suffer from uterine neurosis, and as Godell so aptly describes it, "the intangible, imponderable, invisible pelvic pains of neurotic women."

HVC

Anticipated monthly attacks of Dysmenorrhea, the exhausting effects of Menorrhagia, and the nervous symptoms of early pregnancy call for the administration of **HAYDEN'S VIBURNUM COMPOUND,** presenting its well-known antispasmodic and calmative action as a preventive and as a treatment in neurosis.

It should be given in teaspoonful doses, three times a day, administered in hot water. Literature, formula and samples upon request.

NEW YORK PHARMACEUTICAL COMPANY
BEDFORD SPRINGS, BEDFORD, MASS.

SUGARS IN INFANT FEEDING

When cow's milk is diluted for infant feeding, sugar in some form must be added to make up the carbo-hydrate deficiency.

Different types of sugar are used in infant foods, but when all is said and done, there is no substitute for Sugar of Milk.

It has properties that pre-eminently fit it for infant feeding. It develops the intestinal tract, retards the growth of disease producing bacteria, and does not readily ferment or cause vomiting and diarrhœa. It is identical with the sugar of human milk—in short, it is the natural, normal form of sugar for infant feeding.

"Hermetically Sealed Always Fresh"

Eskay's Albumenized Food is the only "modifier" of cow's milk on the market that contains Sugar of Milk. This is one reason why Eskay's Food builds strong, healthy babies.

Send for samples and literature

SMITH, KLINE & FRENCH CO.
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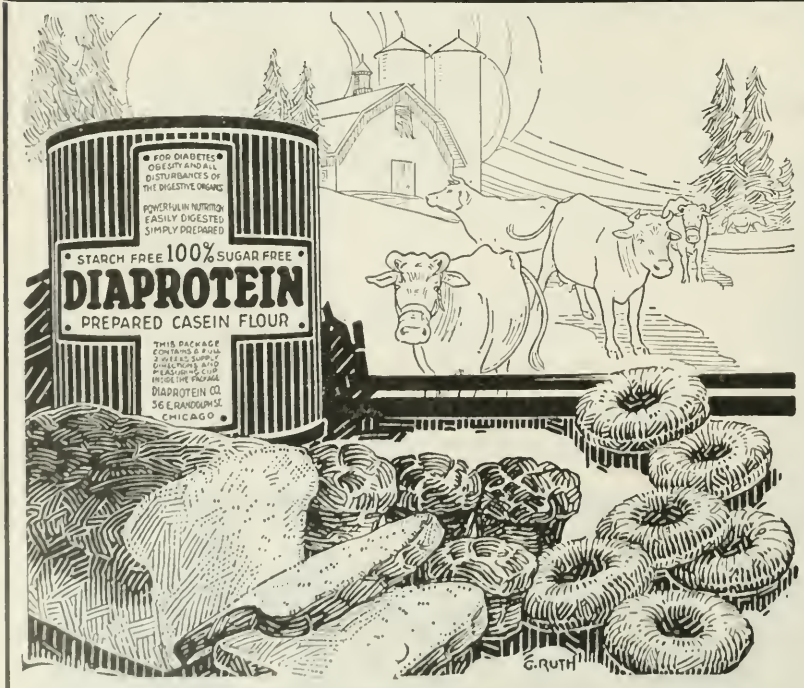
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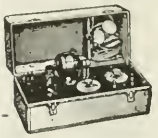

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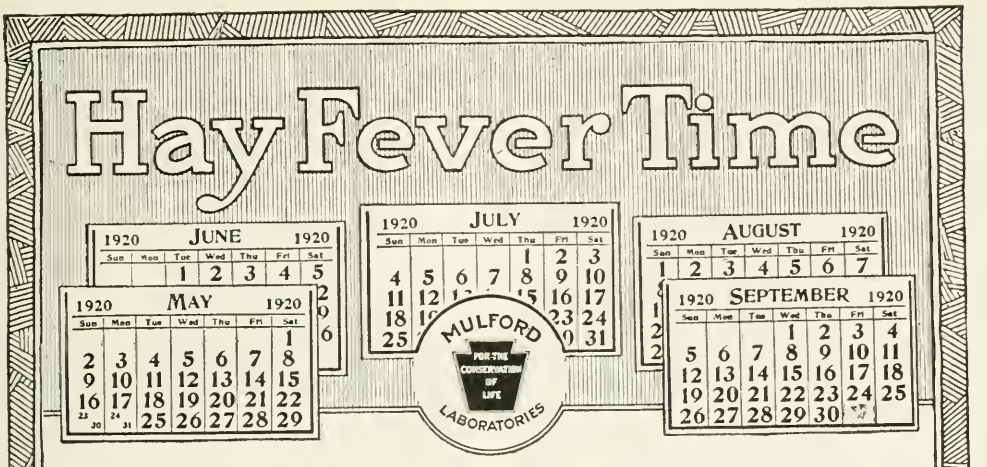

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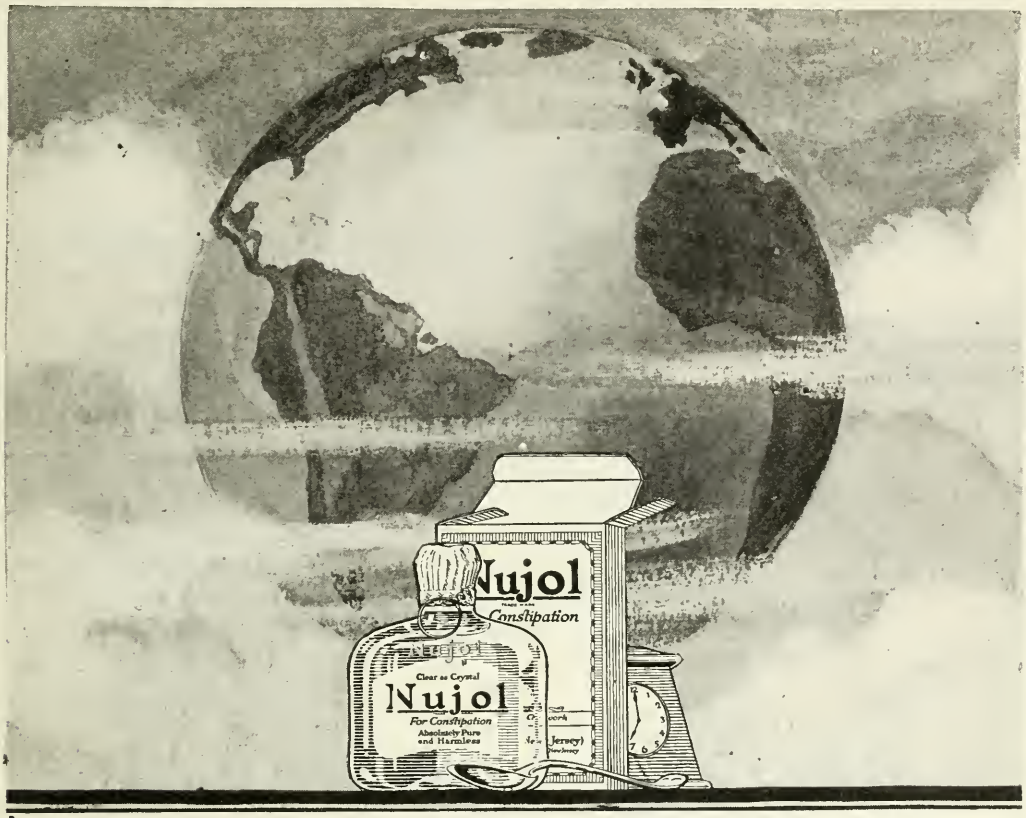

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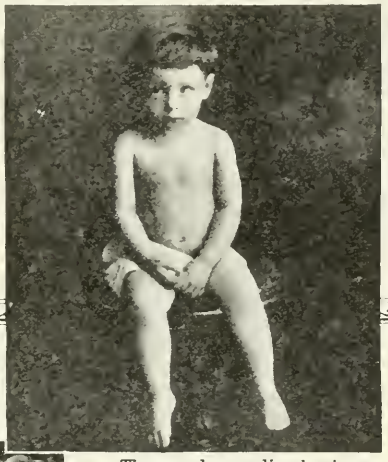

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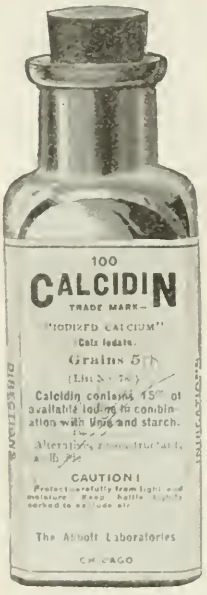

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On account of their palatability, Calcidin Troches are especially recommended for pediatric practice. Of great value in all irritated conditions of the throat, laryngitis, pharyngitis, etc.

Calcidin Troches are tremendously popular because they provide real medication for the disease, while affording relief of symptoms.

Anesthesin-Calcidin Troches

The same formula as Calcidin Troches with the addition of Anesthesin, a powerful but safe local anesthetic. Indicated in irritant coughs, often giving instant relief.

Calcidin Net Prices to the Doctor

500, ⅓ grain	$0.75
1,000, ⅓ grain	1.31
500, 1 grain	1.24
1,000, 1 grain	2.33
500, 2½ grains	2.25
1,000, 2½ grains	4.28
100, 5 grains	.78
500, 5 grains	3.49
1,000, 5 grains	6.68
1-oz. powder	.53

Net Bulk Prices, F. O. B.

5,000, ⅓ grain	$ 5.70
10,000, ⅓ grain	10.50
5,000, 1 grain	10.10
10,000, 1 grain	18.60
5,000, 2½ grains	18.55
10,000, 2½ grains	34.20
5,000, 5 grains	28.95

Calcidin Troches, Net Prices

500 Troches	1.76
1,000 Troches	3.38
5,000 Troches F. O. B.	14.65
10,000 Troches F. O. B.	27.00
100 Anesthesin-Calcidin Troches	.61

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and be sure the agent used is made from fresh material and represents the maximum activity.

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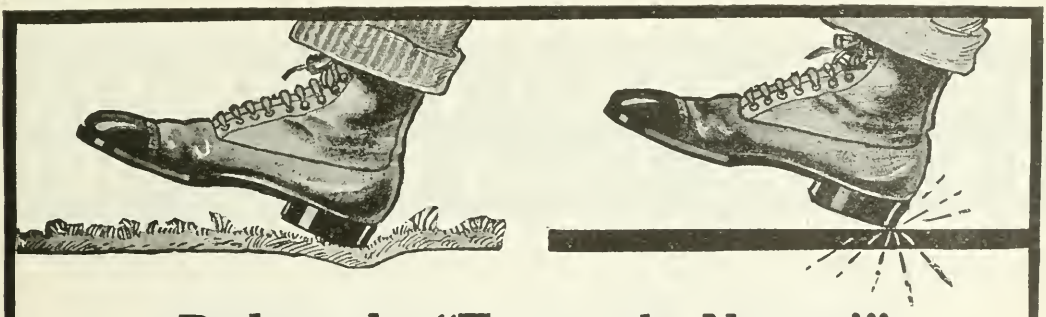

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provides just the cushion effect needed to prevent this jarring, with its essential depression and fatigue, and thus reduce the "tax on the nerves."

As a direct result, O'Sullivan's Heels not only prove a constant source of comfort and satisfaction, but also contribute substantially to the health and efficiency of the whole body.

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produced by the passage of sounds, catheters, speculae, the examining finger, etc., is efficiently prevented and readily overcome by the use of

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EVERY DAY doctors are advising a rest, a trip to a sanitorium, a visit to a specialist, an operation—anything to get rid of their old, stubborn cases of

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Maybe *you* are doing, or are about to do, this very thing. You are losing possibilities of dollars and prestige, *to say nothing of the satisfaction of having won a hard fight!*

Too many of these cases are passed up by good doctors, only to fall into the hands of unscrupulous men who offer nothing but promises and frequently give less.

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The Owens Bottle Company
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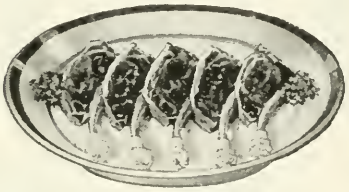
5 Cents

will serve five liberal dishes of Quaker Oats. That's the cost at this writing of a single egg.



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is the cost at this writing of five lamb chops. A chop costs 12 times a dish of Quaker Oats.

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Quaker Oats yield 1810 calories per pound. The cost is 5½ cents per 1000 calories.

Meats, on the average, cost about 45c per 1000 calories, fish about 50c, and eggs about 70c.

Yet the oat is almost the ideal food in balance and completeness. Most other foods cannot compare with it.

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A superior grade, flaked from queen grains only — just the rich, plump, flavory oats. We get but ten pounds from a bushel. This grade means extra flavor without extra price.

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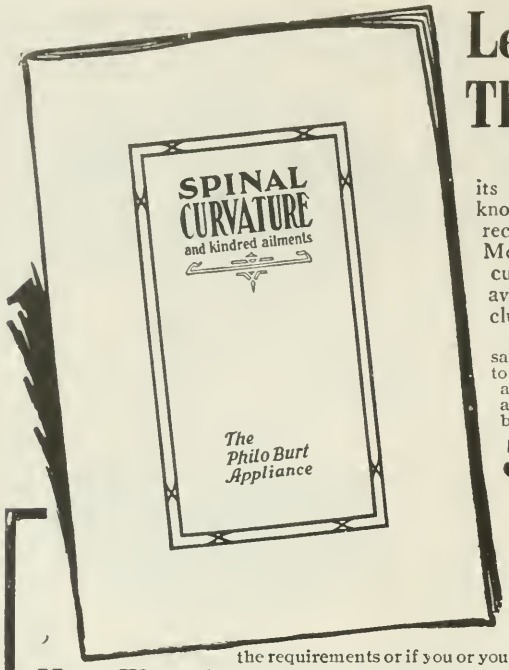

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We believe that if you will read and consider its contents in the light of your professional knowledge and experience, you will instantly recognize the scientific merit of the Philo Burt Method for relieving and correcting spinal curvature, with its sequelæ, and that you will avail yourself of the first opportunity to conclusively demonstrate its value.

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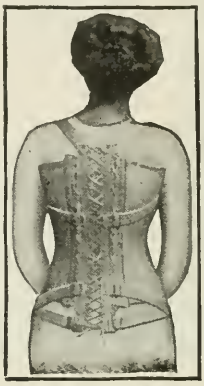

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To **alleviate pain,** to **promote diuresis** and to **protect** the membrane of the urethra, especially **the posterior portion**—these are the important objects of the treatment of acute cases of Gonorrhea.

The entire urinary tract should be influenced by means of proper internal medication. Local injections alone will not be sufficient.

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Mild, 1 Grain—Strong, 4 Grains.

They normalize peristaltic action instead of inhibiting it, as so many evacuants and cathartics do.

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When the blank is not enclosed, we will substitute other items.

If you wish, you may substitute, in the following regular filling, any other item from our list of equal prices.

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524	Uterine Sedative and Nervine	2.81
575	Calcidin, gr. 1	2.33
579	Triple Arsenates with Nuclein, No. 2	2.55
736	Digipoten, gr. 1/2	3.49
801	Arbutin Compound, Coated	2.74
*875	Catarrh Bronchial (135 Tabs.)	3.53
1106	Chloruzene Tablets	4.13
1140	Acetylsalicylic Acid, Aromatic, grs. 5	2 36
1171	Barbital, grs. 5. Per 100	$3.38
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and other pains due to inflammation in the urinary tract, without unpleasant after-effects, may be expected from

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an effective and safe succedaneum for morphine, codeine, heroin (up to ¼ or ½ grain), or
a means whereby the amount of morphine is required can be reduced to a safe yet effective minimum.

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The reduced, depressed state the patient is left in after an attack of influenza is a clearly defined indication for a reliable reconstructive such as

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EACH FLUID OUNCE OF HAGEE'S CORDIAL OF THE EXTRACT OF COD LIVER OIL COMPOUND CONTAINS THE EXTRACT OBTAINABLE FROM ONE-THIRD FLUID OUNCE OF COD LIVER OIL (THE FATTY PORTION BEING ELIMINATED) 6 GRAINS CALCIUM HYPOPHOSPHITE, 3 GRAINS SODIUM HYPOPHOSPHITE, WITH GLYCERIN AND AROMATICS.

FREE FROM GREASE AND THE TASTE OF FISH.

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has a definite value in every inflammation of mucous membranes.

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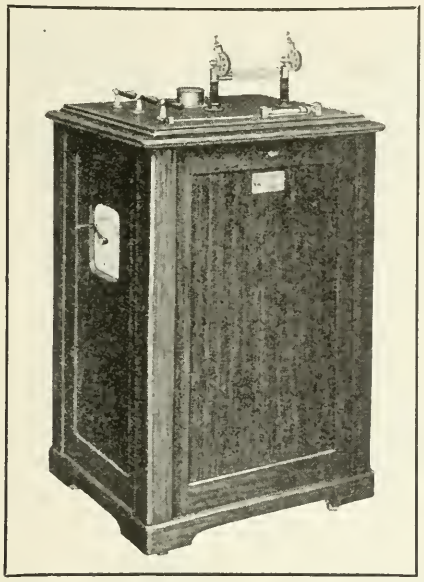

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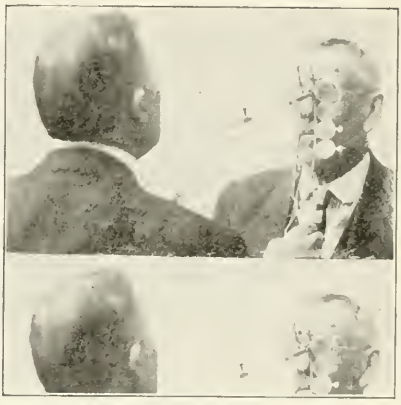

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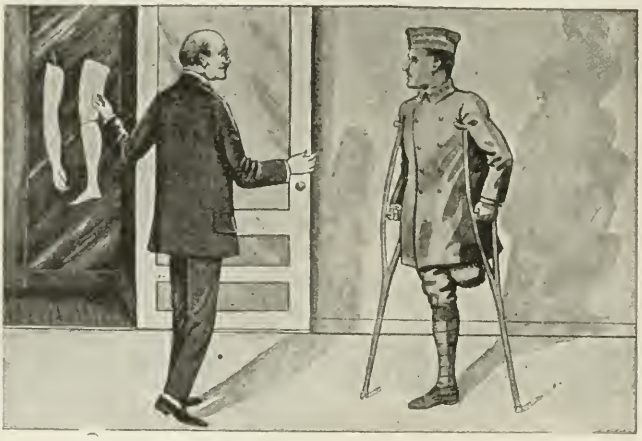
4 U. S. Wars and Marks Has Re-membered Them



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Adapted to use of Men, Women and Children for any condition needing abdominal support—*Hernia, Ptoses, High and Low Operations, Obesity, Pregnancy, Relaxed Sacro-Iliac, Articulations, etc., etc.*

The Storm Binder with inguinal hernia modification is more and more winning approval as its success is demonstrated: It retains the hernia and gives a support to the lower abdomen and inguinal regions which is comforting and beneficial.

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A woman can often inspire her sex to be and to do and hold her to this inspiration by regular correspondence as men cannot.

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BENZYL BENZOATE—Has been used advantageously in Asthma. Sou. Med. Journ., Vol. XII., No. 7, 1919.

BENZYL BENZOATE—Has proved meritorious in Dysmenorrhea. Journal A. M. A., Aug. 23, 1919.

BENZYL BENZOATE—Has been clinically established in Dysentery, etc. Journal Pharmacol. & Exp. Ther., No. 6, 1918.

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In many instances influenza leaves in its wake a severe disturbance of the nervous function marked by sleeplessness, extreme irritability and inability to concentrate.
In just such cases

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serves with distinctive value, for it secures for the patient restful sleep, allays the irritability and restores nervous vigor.
AND IT DOES NOT DEPRESS.
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Classes are now being formed. Number limited to those who register in advance.

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Send for program and registration blank.
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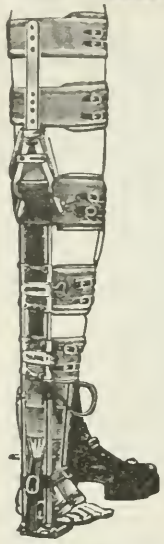

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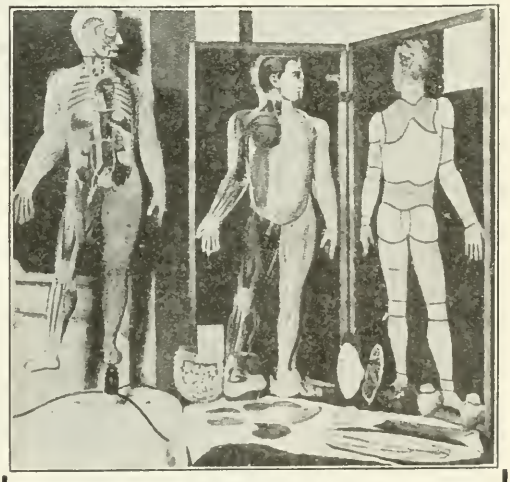

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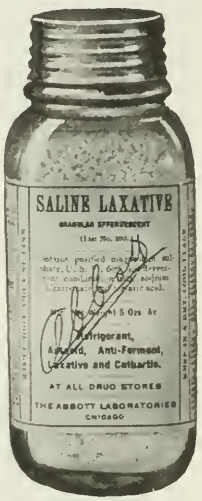

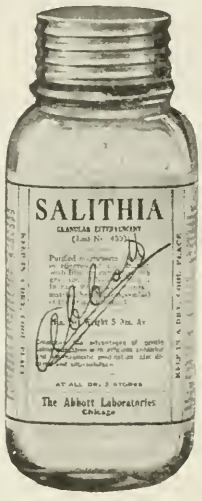

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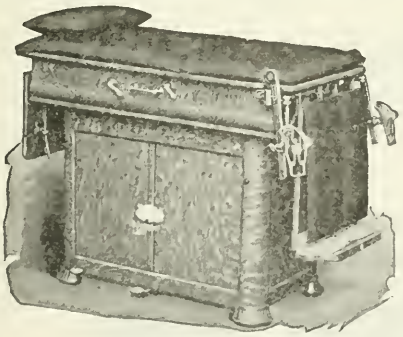

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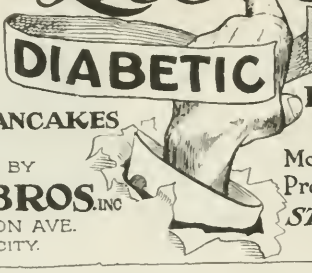

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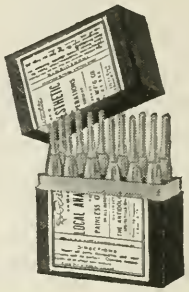

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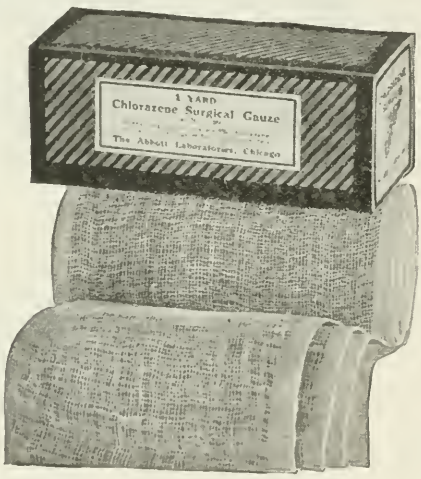

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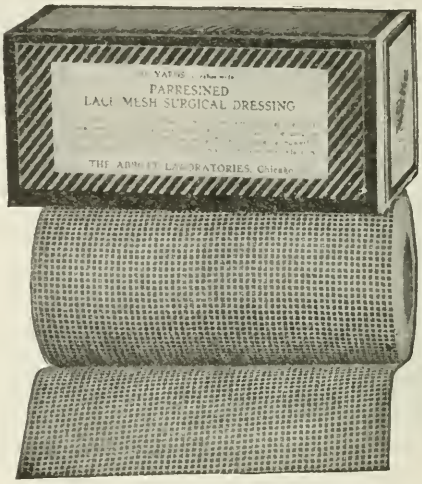

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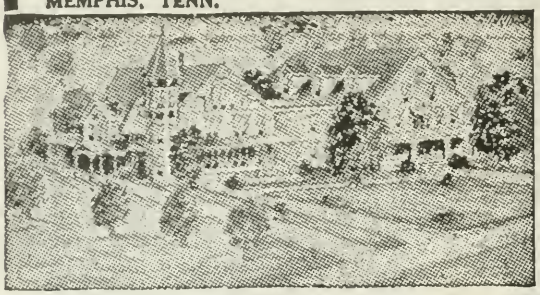

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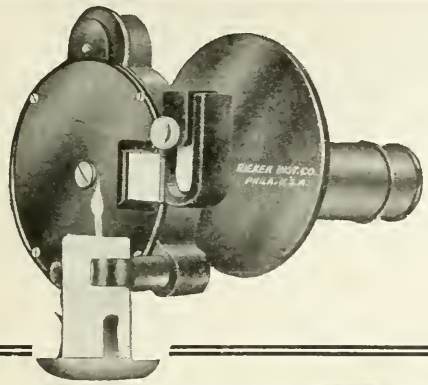

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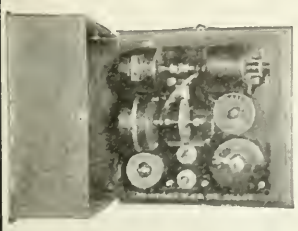

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